



REPORT
ON THE
PUBLIC HEALTH ADMINISTRATION
OF BURMA
FOR THE YEAR 1935

INCLUDING
ADMINISTRATION OF VACCINATION
IN 1935-36

RANGOON

SUPDT., GOVT. PRINTING AND STATIONERY, BURMA

1936

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RESOLUTION

ON THE

Report on the Public Health Administration of Burma

FOR THE YEAR 1935.

Extract from the Proceedings of the Government of Burma, Public Health Department,—No. 283SJ36, dated the 1st October 1936.

READ—

The Report on the Public Health Administration of Burma for the year 1935.

RESOLVED THAT—

The Report be published.

By order,

M. K. MIN,

*Deputy Secretary to the Government of Burma,
Education Department.*

TABLE OF CONTENTS.

REPORT ON THE PUBLIC HEALTH ADMINISTRATION OF BURMA FOR THE YEAR 1935.

CHAPTER I.

METEOROLOGY : ECONOMIC CONDITIONS.

					PARA.	PAGE
Meteorology	...	...	...	...	1	1
Economic Conditions	...	...	...	...	2	<i>ib.</i>
Cost of Rice	...	...	...	...	3	2

CHAPTER II.

VITAL STATISTICS.

Area and Population	...	...	...	...	4	2
Immigrants and Emigrants	...	...	...	...	5	<i>ib.</i>
Provincial Birth and Death Rates based on an estimated population					6	3
Inspection of Birth and Death Registers	...	...	...	...	7	4
Registration of Vital Statistics in backward tracts					8	5
Provincial Birth, Death and Infant Mortality Rates	...	...	...	...	9	<i>ib.</i>
Birth Rate (Rural)	...	...	...	...	10	6
Birth Rate (Urban)	...	...	...	...	11	7
Death Rate (Rural)	...	...	...	...	12	8
Death Rate (Urban)	...	...	...	...	13	<i>ib.</i>

CHAPTER III.

THE STATE OF PUBLIC HEALTH IN THE PROVINCE.

State of Public Health	14	10
------------------------	-----	-----	-----	-----	----	----

CHAPTER IV.

THE CHIEF DISEASES IN THE PROVINCE AND THEIR EPIDEMIOLOGY.

Cholera	...	...	...	...	15	13
Anticholera Measures	...	...	...	...	16	15
Smallpox	...	...	...	...	17	<i>ib.</i>
Smallpox cases treated in hospitals					18	17
Plague	...	...	...	...	19	<i>ib.</i>
Anti plague Measures	...	...	...	...	20	19
Fevers	...	...	...	...	21	21
Enteric Fever	...	...	...	...	22	<i>ib.</i>
Dysentery and Diarrhoea	...	...	...	...	23	22

CHAPTER IV—concl'd.

					PARA.	PAGE
Respiratory Diseases	...	...	...	...	24	22
Beri-beri	...	...	...	...	25	23
Goitre	...	...	...	...	26	25
Yaws	...	...	...	...	27	<i>ib.</i>
Leprosy	...	...	...	...	28	<i>ib.</i>
Veneral Disease	...	...	...	...	29	27
Rabies	...	...	...	...	30	<i>ib.</i>
Snakebite	...	...	...	...	31	28
Lead Poisoning	...	...	...	...	32	<i>ib.</i>

CHAPTER V.

URBAN SANITATION.

Health Staff	...	...	...	...	33	29
Water Supplies	...	...	...	...	34	<i>ib.</i>
Conservancy and Drainage	...	...	...	...	35	30
Markets	...	...	...	...	36	31

CHAPTER VI.

RURAL SANITATION.

Health Staff	...	...	...	...	37	32
Water Supplies	...	...	...	...	38	<i>ib.</i>
Conservancy	...	...	...	...	39	33
Rural Health Unit, Hlegu	...	...	...	...	40	34
Rural Uplift Work	...	...	...	...	41	36

CHAPTER VII.

MALARIA.

Malaria (Rural)	...	...	...	...	42	37
Malaria (Urban)	...	...	...	...	43	38
Antimalarial Operations	...	...	...	...	44	39
Cinchona Febrifuge Tablets	...	...	...	...	45	41

CHAPTER VIII.

MATERNITY AND CHILD WELFARE.

Vital Statistics	...	...	...	...	46	42
Maternity Work	...	...	...	...	47	43
Child Welfare Work	...	...	...	...	48	<i>ib.</i>

CHAPTER IX.

SCHOOL HYGIENE AND MEDICAL INSPECTION OF SCHOOL CHILDREN.

School Medical Inspection	49	47
---------------------------	----	-----	-----	-----	----	----

CHAPTER X.

HEALTH PROPAGANDA.

	PARA.	PAGE
Health Education	50	49
Hygiene Publicity Bureau	51	<i>ib.</i>
Red Cross Society and Rangoon Health Week	52	50
Public Health Essays and Posters	53	52

CHAPTER XI.

PUBLIC HEALTH ADMINISTRATION.

District Health Officers and Assistant District Health Officers ...	54	52
Urban Health Officers	55	53
Cadre of subassistant surgeons	56	<i>ib.</i>
Public Health Inspectors	57	<i>ib.</i>

CHAPTER XII.

VACCINATION.

Establishment	58	54
Operations Performed	59	<i>ib.</i>
Verification Work of Inspecting Officers	60	57
Vaccine Depôt, Meiktila	61	<i>ib.</i>
Cost of the Department	62	<i>ib.</i>
General Remarks	63	58

CHAPTER XIII.

OTHER PUBLIC HEALTH SERVICES.

Mines	64	58
Harcourt Butler Institute of Public Health	65	59
Burma Ghee Adulteration Act	66	<i>ib.</i>
Port Health Administration	67	<i>ib.</i>
Expenditure on Public Health Services	68	60
Provincial Public Health Board	69	<i>ib.</i>
Inspections	70	<i>ib.</i>

CHAPTER XIV.

GENERAL REMARKS.

Personal Proceedings and Office	71	60
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Report

ON THE

Public Health Administration of Burma

For the Year 1935.

CHAPTER I.

Meteorology : Economic Conditions.

1. **Meteorology.**—The following short account of the rainfall in Burma, during the monsoon period May to October 1935, has been furnished by the Meteorologist, Calcutta :—

“The total rainfall during the month of May was in large defect in Arakan and the Inland divisions, and in slight defect in Irrawaddy and Pegu, while it was in slight excess in the Tenasserim division. In June it was in moderate defect in Arakan and practically normal in the remaining divisions. In July the rainfall was in moderate excess in Arakan and Tenasserim, in slight excess in Irrawaddy and Pegu, and normal in Inland. In August it was in moderate defect in Irrawaddy, Pegu, Tenasserim and Arakan, and normal in Inland. In September the rainfall was in large excess in Tenasserim, and in slight excess in the remaining divisions. In October it was in moderate excess in Arakan, Irrawaddy, Pegu and Inland, while normal in Tenasserim.

On the whole the total rainfall during the monsoon period was practically normal over the whole area, except in the Tenasserim division where it was in slight excess.”

2. **Economic Conditions.**—The Commissioner of Settlements and Land Records in describing the condition of the agricultural population during 1935, says :—

“The fall in the value of land seems to have received a check as a result of better prices, and the rate at which in the principal districts of Lower Burma it is passing into the hands of non-agriculturists appears to be slowing down. In these districts, just half the land is now held by non-agriculturists ; but while the proportion held by non-agriculturists, other than Chettiars, has for some years remained steady at about 26 per cent., the proportion held by Chettiars has risen from 6 per cent. in 1930 to 24 per cent. in 1935.

Relations between landlords and tenants were satisfactory on the whole ; but complaints are not uncommon that landlords demand



full rents in spite of crop failures, and even when they have obtained remissions of land revenue on that account. The size of the measuring basket is also a grievance. In Akyab there was no recurrence of agrarian trouble, but in Maubin there were several instances of incendiarism.

Rubber restriction has resulted in the re-opening of some rubber estates, and good prices obtained for tin and wolfram have reduced unemployment in Tavoy and Mergui."

3. Cost of Rice.—This is the staple food in Burma. The average cost of a basket of nine gallons weighing 75 lbs. was Rs. 2-9-0, which was nine annas in excess of the average rate prevailing in the previous year. The monthly average price stood at Rs. 2-2-0 in January, rose to Rs. 2-11-0 in May and remained more or less steady up to September when there was a sudden set-back to Rs. 2-2-0 per basket. The price thereafter rose and reached the maximum of Rs. 2-14-0 in November, the rate prevailing in December being Rs. 2-13-0. As in the previous year the highest average price, *viz.* Rs. 3-4-0, was obtained in Amherst district and the lowest, *viz.* Rs. 2-0-0, in Yamèthin district.

CHAPTER II.

Vital Statistics.

4. Area and Population.—There was no change in the area under regular registration which covered 116,848 square miles. The births and deaths for this area are given in Statements I and II (pages 88, 89, 92, and 93). Its population according to the 1931 census was 12,102,290, comprised of 10,689,689 inhabitants in rural and 1,412,601 inhabitants in urban areas.

The births and deaths in certain districts covering an area of 114,737 square miles with a population of 2,554,716 are shown separately in Statement II (a) (pages 94 and 95). This statement relates to backward areas, where means of communication are poor and the registration staff inadequate. The returns from these areas are not considered sufficiently accurate for inclusion in the main statements.

5. Immigrants and Emigrants—

Year.	Immigrants.	Emigrants.	Effect on Provincial Population.
1930	368,590	399,276	- 30,686
1931	309,426	367,121	- 57,695
1932	300,368	288,494	+ 11,874
1933	243,365	252,203	- 8,838
1934	256,004	226,698	+ 29,306
1935	273,841	234,246	+ 39,595

These figures relate to passenger traffic by sea and take no account of the large number of people who come into or depart from Burma by the land routes.

There has been an increase both in the number of immigrants and of emigrants, and the addition to the population of Burma also shows an increase. The vast majority of immigrants, *viz.*, 242,811, entered the Province through Rangoon, and of that figure 223,233 came from India. Of the 194,009 emigrants from that port, 176,470 were bound for India. The number of outgoing passengers at the Akyab Port exceeded the incoming by 8,952, but as has been pointed out in previous annual reports, this balance is misleading as a large number of Indian labourers, who enter Arakan each year by the land route from Bengal during the harvest season, return to their native country by sea.

6. Provincial Birth and Death Rates based on an estimated Population.—An estimate has been made of the provincial population at midyear in 1935, by adding the excess of births over deaths and the balance between immigrants and emigrants for the previous twelve months (excluding the Arakan immigration and emigration figures which for reasons already explained show a false balance) to the population which was similarly estimated to exist in the midyear 1934. The estimated population is given in the following table in which a comparison is made between the annual birth and death rates since 1931, calculated (*a*) on the estimated midyear population and (*b*) on the 1931 census figure. The divergence is now as large as 1·53 per 1000 in the birth rate and 0·94 in the death rate :—

Statements
I and II.

Year.	Estimated midyear population.	Number of births.	Birth rate based on the estimated population.	Birth rate based on the 1931 census population.	Number of deaths.	Death rate based on the estimated population.	Death rate based on the 1931 census population.	Difference in birth rates (5)—(4).	Difference in death rates (8)—(7).
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1931 ...	12,130,848	321,054	26·47	26·53	210,109	17·32	17·36	0·06	0·04
1932 ...	12,220,290	335,886	27·49	27·75	209,420	17·14	17·30	0·26	0·16
1933 ...	12,380,223	360,958	29·16	29·83	226,451	18·29	18·71	0·67	0·42
1934 ...	12,524,307	365,728	29·20	30·22	249,547	19·93	20·62	1·02	0·69
1935 ...	12,689,301	399,773	31·50	33·03	247,135	19·48	20·42	1·53	0·94

In view of the fact that the migration figures refer only to passenger traffic by sea and ignore migration overland, another table is published

in which the midyear population is based on the excess of births over deaths only, without taking into account the migraticn surplus :—

Year.	Estimated midyear population.	Number of births.	Birth rate based on the estimated population.	Birth rate based on the 1931 census population.	Number of deaths.	Death rate based on the estimated population.	Death rate based on the 1931 census population.	Difference in birth rates (5) — (4).	Difference in death rates (8) — (7).
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1931 ...	12,147,020	321,054	26·43	26·53	210,109	17·30	17·36	0·10	0·06
1932 ...	12,232,637	335,886	27·41	27·75	209,420	17·09	17·30	0·34	0·21
1933 ...	12,401,694	360,958	29·11	29·83	226,451	18·26	18·71	0·72	0·45
1934 ...	12,525,656	365,728	29·20	30·22	249,547	19·92	20·62	1·02	0·70
1935 ...	12,649,116	399,773	31·60	33·03	247,135	19·54	20·42	1·43	0·88

7. Inspection of Birth and Death Registers.—Of 32,559 villages and towns in which registration was in force, 12,647 were inspected by the public health staff, who verified 543,323 entries compared with 489,517 in the previous year. District officers visited 5,803 villages and verified 87,849 entries compared with 91,459 in 1934. The following districts returned the highest number of verifications by the public health staff :—Pakôkku 30,795, Shwebo 24,417, Akyab 23,897, Lower Chindwin 22,256, Myaungmya 22,189 and Thatôn 21,193.

The largest number of omissions, *viz.*, 365, were detected by the public health staff in Yamèthin district and this was done in the course of verifying 11,764 birth and death entries. The Yamèthin district officers also took a keen interest and detected as many as 204 omissions in the course of verifying 5,904 entries. In the other districts verification work was not equally thorough. The District Health Officer, Tharrawaddy, remarks about the verification carried out in his district “The Public Health Inspectors have misunderstood their duty in this respect. They seem to believe that looking through the registers maintained by the headman at his house is equivalent to verification of the entries in these registers. They have been informed that for purposes of verification it is essential that they should scrutinize the figures, compare them with previous years and actively endeavour to find out if there are any entries omitted.” Unless house-to-house inspections are carried out and enquiries made as to the names of those children born and those people who have died recently, it is impossible effectively to check the entries in the birth and death registers.

There were 4,247 prosecutions for neglecting to report births and deaths, and fines were imposed in 3,739 cases, the maximum being Rs. 12-8-0 and the minimum two annas. The number of headmen dealt with for neglect of their registration duties was 102, of whom 33 were

fined and 63 warned or reprimanded, the balance of six cases being pending at the end of the year. These figures show an increase over the previous year, and it seems that more active measures are being taken against offenders.

8. Registration of Vital Statistics in Backward Tracts.—The tally system of registration by means of coloured sticks or notched bamboo splits was firstly introduced in 1922 in the Arakan Hill Tracts, the Shan States, the Chin Hills and in the Kachin Hill Tracts. During the years 1928 and 1929 registers of births and deaths were introduced in the large villages in Taungpeng, Momeik and Hsipaw States of the Northern Shan States. Blank registration books were introduced in 1932 and 1933 in the villages in the Chin Hills district. In the Arakan Hill Tracts, where the tally system is still in operation throughout the district, a birth rate of 21·75 and a death rate of 20·31 were recorded in 1935. The birth and death rates in the Chin Hills district, where blank registers have replaced the tallies in recent years, are 33·42 and 27·74 respectively.

Statement II (a).

The figures from the Salween, Bhamo, Myitkyina, Katha and Upper Chindwin districts, which are not regarded as sufficiently accurate for inclusion in the main statements, together with the returns of the districts where the tally system is in force, are published separately in Statement II (a) (pages 94 and 95).

9. Provincial Birth, Death and Infant Mortality Rates—

1935.	Rural.	Urban.	Provincial.
Birth rate	32·92	33·89	33·03
Death rate	19·13	30·18	20·42
Infant mortality rate ...	176·55	255·82	186·04

Statements I II, IV, IVA, V, VIA, VIB, and VIB (a) and Vital Statistics Chart I.

Vital Statistics Chart I at the end of this report shows the variation in the birth, death and infant mortality rates of Burma since the year 1872.

BIRTH RATE 33·03.—The rate shows a rise of 2·81 over last year and 4·40 over the five-year mean. The actual total of births registered in the year was 399,773 which is easily the highest figure yet recorded in Burma. Male births exceeded female births in all but Pakôkku and Kyauksè districts, and the number of males born to every 100 females was 104. This figure of 104 is fairly constant as it was the same in the years 1932 and 1933.

The birth rates among the chief communities in Burma are given in the marginal table. The order shows no departure from the normal. The low figure for Hindus is due to the large excess of males over females in that particular population (388,134 males to 128,261 females in the 1931 census).

Name of Community.	Birth rate.
Buddhists ...	34·33
Mohamedans ...	30·76
Christians ...	24·11
Hindus ...	17·06

DEATH RATE 20·42.—In spite of a severe cholera epidemic in 1935, the death rate is less than that of the previous year by 0·20. It is, however, above the five-year mean by 1·50. A decrease in mortality occurred under smallpox, plague, fevers and “all other causes.” There was an increase in the deaths due to cholera, dysentery and diarrhoea, respiratory diseases and injuries. The death rate was lowest in the month of February and highest in the month of December.

The death rates among the chief communities in Burma are given in the marginal table. As in previous years, an excess of female over male deaths has been recorded among the Mohamedans and Hindus, which must be ascribed to some extent to the mode of life of the women in these classes. Christian and Buddhist women generally lead a much more open-air life.

The **VITAL INDEX** of the province $\frac{(\text{births} \times 100)}{\text{deaths}}$ is 161·76 compared with 146·56 the figure for 1934 and 139·26 the average for the past ten years.

INFANT MORTALITY RATE 186·04.—This rate shows a very welcome improvement over the figure for 1934, which was 219·39. The movement for establishing infant welfare societies has made distinct progress in Burma in the last few years, and must be given some of the credit for the fall in infant mortality. However, when our figure of 186·04 is compared with the infantile mortality rate of 59 in England and Wales, it can be realised that a long and stiff task lies before those concerned with and interested in maternity and child welfare in the province.

Our infant deaths in 1935 were 30·09 per cent. of the total provincial deaths. Of the infant deaths 13·63 per cent. occurred within one week of birth, 10·75 per cent. over one week and not exceeding one month, 58·10 per cent. over one month and not exceeding six months, and 17·52 per cent. over six months and not exceeding one year. This subject of infant mortality is dealt with more exhaustively in Chapter VIII of this report.

10. Birth Rate (Rural) 32·92.—There has been a marked increase (+31,936) in the number of births registered in the rural areas during the year. The rate shows a rise of 2·99 compared with last year and is 4·65 in excess of the five-year mean. The birth rate in the area of the Rural Health Unit, Hlègu, is 35·51 and this figure can be regarded as reliable. The provincial rate therefore seems to approach fairly reasonable accuracy. With the exception of Myaungmya, Amherst, Mandalay and Myingyan, all the other rural areas registered an increased number of births.

The highest birth rates were recorded in the districts of Shwebo 50·57, Lower Chindwin 46·18, Sagaing 43·67, Tavoy 40·50, Pakôkku 39·64, Yamèthin 38·12 and Tharrawaddy 37·00. In *Shwebo*, *Lower Chindwin* and *Sagaing* the public health staff were very active in checking registration. The rate in *Tharrawaddy* shows that the district has recovered from the severe set-back in registration caused by the rebellion in 1931 when most headmen's records were destroyed.

The districts returning the lowest rates are *Thayetmyo* 21·57, *Myingyan* 23·11, *Henzada* 24·08, *Bassein* 25·39, *Thatôn* 25·45 and *Pegu* 26·23. A slightly redeeming feature is that the figures for *Thayetmyo*, *Bassein*, *Thatôn* and *Pegu*, although very low, are an improvement on their 1934 figures. Special steps were taken in 1935, with the co-operation of the Deputy Commissioners to develop registration in these particular districts, but there is still much room for improvement.

11. Birth rate (Urban) 33·89—

Statement
VIB.

Year.	No. of births in towns	Birth rate.
1930	39,707	31·67
1931	41,824	29·67
1932	43,968	31·20
1933	45,212	32·01
1934	45,760	32·39
Quinquennial mean		31·38
1935	47,869	33·89

This urban rate is a record for Burma and shows that the municipal bye-laws for the registration of births are being operated effectively on the whole. Out of 75 towns included in Annual Statement VIB (pages 116 to 119) 51 recorded an increase in birth rate over the previous year and 39 returned rates higher than the provincial urban birth rate.

The highest rates were recorded during the year in *Mandalay* 58·47, *Taungdwingyi* 54·80, *Maymyo* 50·71, *Myinmu* 50·28, *Mawlaik* 50·04, *Pyawbwe* 49·97 and *Ye-U* 47·87.

In *Mandalay* the birth rate is practically the same as last year. The supervision of registration in this town is very efficient. In *Taungdwingyi* the birth rate is the highest on record for the town. It shows an increase of 5·75 over last year and 11·43 over the five year mean. *Maymyo* records an increase of 118 births over last year. The increase is ascribed to better checking of the registers by the public health staff. *Myinmu*, *Mawlaik*, *Pyawbwe* and *Ye-U* are small towns with populations ranging from 2,000 to 6,000. In towns of this size birth registration ought to be accurate, as close supervision is so feasible.

Considerable increases in birth rates compared with the previous year were shown in the following towns, the increases being shown

in brackets :—Lashio 41·18 (+8·19) ; Kyaukpyu 40·17 (+7·80) ; Moulmeingyun 35·11 (+8·91) ; Nattalin 31·07 (+7·28) ; Kalaw 30·10 (+9·11). In these towns the increases are ascribed to more rigid supervision of registration.

Apart from cantonments, *the lowest birth rates were recorded in the following towns* :—Akyab 19·06, Myitnge 19·89, Chauk 20·27, Thingangyun 20·29, Letpadan 22·29, Kamayut 23·70, Insein 23·92 and Yandoon 24·08.

In the Akyab population there is a marked majority of males, the proportion of males to females being 3 : 1 and a low birth rate is to be expected. There is a lesser but definite preponderance of males in the other towns mentioned, except in Thingangyun, Letpadan, Kamayut and Yandoon in which towns the registration organisation requires to be overhauled.

12. Death Rate (Rural) 19·13.—The rural rate shows a slight fall of 0·25 compared with last year but is 1·60 in excess of the five-year mean. There was an increase of 5,024 deaths under cholera, while dysentery and diarrhoea, injuries, plague and smallpox caused minor increases in mortality. There was a fall of 5,613 in the deaths due to fevers, while decreases were also recorded under respiratory diseases and “all other causes.”

Particularly high rates were returned from the following districts :—Tavoy 28·10, Shwebo 26·87, Pyapôn 26·35, Mergui 25·96, Kyauksè 25·57 and Pakôkku 25·04. *Tavoy* had a bad year, for cholera played havoc in the district, and unusually heavy rains caused an increase in malaria and bowel complaints with the result that this year's death rate is the highest since 1920. In *Shwebo* the death rate which stood at 32·36 in 1933 fell to 30·48 in 1934 and to 26·87 in the year under review, the main improvement being under “all other causes” and fevers. Cholera accounted for the bulk of the increase in mortality in *Mergui* and *Pakôkku* districts, while “all other causes” and cholera were responsible in *Pyapôn* district. In *Kyauksè*, malaria, respiratory diseases, dysentery and diarrhoea caused an increased number of deaths. The district was the victim of very severe floods and the resultant conditions favoured the prevalence of these diseases.

The lowest rates were recorded in :—Thayetmyo 12·31, Bassein 13·12, Myingyan 13·47 and Henzada 13·47 districts. These low figures do not represent the true state of affairs. In the paragraph dealing with birth registration these four districts are shown as recording very low birth rates as the result of poor registration, and there is no doubt that the low death rates are largely ascribable to the same cause.

13. Death Rate (Urban) 30·18.—This year's rate shows an increase of 0·15 compared with last year and is 0·69 in excess of the five-year mean. The principal increase in mortality was due to cholera which caused an extra 1,012 deaths compared with 1934. These were mainly

Statement
VIA.

Statements
VIB, VI-B
(a) and Vital
Statistics
Chart II.

in the Delta. A slight increase was recorded under respiratory diseases, dysentery and diarrhœa, injuries and "all other causes." There was a welcome decrease of 1,210 deaths under plague, while small decreases occurred under smallpox and fevers.

As the causes of deaths in towns are to a large extent verified by qualified medical men, more accurate figures of the fatal diseases are available than in the case of rural areas. An analysis of the 1935 figures shows that the main causes of deaths in towns were infantile diseases (convulsions, malnutrition and debility, premature births) 8,204, pneumonia 3,880, old age 3,488, anæmia 3,024, fevers other than malaria 2,914, respiratory diseases (excluding pneumonia, phthisis and whooping cough) 2,630, phthisis 2,371, diseases of the digestive system 1,962, other general diseases 1,834 and malaria 1,569.

*The following towns recorded the highest death rates :—*Pakôkku 54·08, Mergui 50·92, Tavoy 48·66, Taungdwingyi 48·09, Mawlaik 47·85, Yenangyaung 46·86, Kyaiklat 44·47 and Moulmeingyun 44·40.

In *Pakôkku* outbreaks of cholera and smallpox in epidemic form swelled the figures and the death rate is the highest since the year 1929. Infantile mortality is on the increase. The congested conditions in this town lower the resistance of the people and favour the spread of any epidemic disease. The revision of the building bye-laws and their rigid enforcement are an urgent necessity. In *Mergui* there was a severe outbreak of cholera causing 195 deaths; apart from this disease, there was an increase of mortality under respiratory diseases, dysentery and diarrhœa and fevers. *Mergui* is notoriously insanitary and the services of a whole-time health officer are a necessity, if this densely populated town is to be kept in anything like a clean condition. The death rate of *Tavoy* is the highest since 1920 and there was a marked increase of mortality under fevers, cholera and respiratory diseases. *Taungdwingyi* records a rate slightly less than the previous year but its death rate is still very unsatisfactory. Half of the deaths occurred in children under one year. The high figure in *Mawlaik* results from a serious increase over the previous year of 16·68. This is due partly to better registration but was also caused by cholera which occurred in May, and by fevers and respiratory diseases which were prevalent after floods in the autumn. In *Yenangyaung* plague appears annually and in 1935 cholera added to the town's mortality. It is reported that the conservancy system was inefficient and the bazaar congested. *Kyaiklat* and *Moulmeingyun* are two of the delta towns where cholera was intensely prevalent.

Apart from cantonments, the towns returning the lowest death rates are :—*Kyaukpyu* 15·60, *Minhla* 15·64, *Sandoway* 17·94, *Myitnge* 18·83 and *Akyab* 18·95. The low death rate in *Kyaukpyu* is due to improvement in the general health conditions of the town as a result of the anti-malarial measures carried out in the last few years. Though the rate

shows a slight increase compared with the previous year, it is below the five-year mean by 3·96. The *Minhla* rate is said to be due to bad registration and this is borne out by its low infantile mortality rate of 77·59 which must be far from the truth. *Sadoway's* figure is open to suspicion, as the municipal committee has failed to employ a cemetery caretaker and there is accordingly no check over burials, while the deaths are not verified by a qualified doctor. The low rate in *Myitnge* is explained by the fact that a large proportion of the population are young men employed in the railway workshops. The low death rate in *Akyab* is due to the preponderantly male population in the town, a very high percentage of whom were in the age groups between 15 and 50.

CHAPTER III.

The State of Public Health in the Province.

14. **State of Public Health.**—A comparison is made in the following table between the vital statistics of Burma and those of the other provinces in India for the year 1935 :—

Province.	Birth rate.	Death rate.	Infant mortality rate.
Assam	30·26	21·41	163·22
Bengal	32·74	22·67	158·51
Bihar and Orissa	34·65	25·13	129·20
Bombay	37·00	25·56	163·87
Central Provinces	44·93	34·35	223·54
Madras	36·99	24·89	178·47
North-West Frontier Province	32·22	19·42	132·15
Punjab	45·57	24·89	155·19
United Provinces	36·04	24·78	157·20
Burma	33·03	20·42	186·04

In the corresponding table for 1934, Burma with a figure of 30·22 recorded the second lowest birth rate. The increased figure of 33·03 in 1935 is a striking feature in the annual statistics, and Burma's rate now exceeds that recorded in Assam, Bengal and the North-West Frontier Province. The death rate of 20·42 remains practically the same as in 1934 when it was 20·62, and is, as in the previous two years, the second lowest amongst the provinces. Burma's infant mortality rate of 186·04 is the second highest in the provinces, although it represents a welcome drop from the 1934 figure of 219·39. A similar fall in infant mortality is recorded from most of the other provinces.

In Burma in spite of an increase of 34,045 in births, there was a fall of 5,863 in infant deaths, and it can be said therefore that, comparatively, 1935 was a healthy year for infants.

The mortality rates from the principal diseases in Burma in 1935 are compared with the mean of the previous five years in the following table :—

Diseases.	Death rates per 1,000 of population.					
	Rural.		Urban.		Combined.	
	5 years' average.	1935.	5 years' average.	1935.	5 years' average.	1935.
Fevers	7.49	7.85	3.37	3.17	7.01	7.31
Respiratory diseases ...	0.33	0.29	6.06	6.29	1.00	0.99
Cholera	0.06	0.54	0.05	0.80	0.06	0.57
Dysentery and diarrhoea ...	0.34	0.41	1.46	1.37	0.47	0.53
Wounding or accident ...	0.14	0.15	0.94	0.80	0.23	0.23
Snakebite	*	0.20	*	0.05	*	0.18
Plague	0.05	0.07	0.84	0.37	0.14	0.11
Smallpox	0.08	0.07	0.43	0.38	0.12	0.10
Other injuries	0.20	0.04	0.11	0.07	0.19	0.04
Infantile convulsions, mal-nutrition, debility, premature births.	*	*	*	5.81	*	*
All other causes ...	8.86	9.51	16.24	11.06	9.72	10.37
Total ...	17.53	19.13	29.49	30.18	18.92	20.42

* Figures not available.

The details of the causes of mortality in the *rural areas* are of necessity rather scanty, owing to the absence of skilled diagnosis in these parts. The vague terms "fever" and "all other causes" account for 90.78 per cent. of the rural deaths. As explained in Chapter VII of this report, malaria constitutes a very big proportion of the deaths ascribed to "fever." Child mortality contributes largely to the figure given for "all other causes."

Statements II, VIA, VIB and VII to XII and Vital Statistics Charts I to III.

In the *towns*, respiratory diseases, infantile diseases and fevers are the main causes of deaths. The insanitary and overcrowded housing conditions, which are common in the urban areas, together with the low standard of environmental sanitation, militate against an improvement in the figures for these disease groups. An analysis of the fever deaths shows that 35 per cent. were ascribed to malaria. The figure of 11.06 shown against "all other causes" is contributed to mainly by general debility and anæmia, diseases of the digestive, urinary, circulatory and nervous system.

Were it not for the cholera epidemic which persisted throughout most of the year, the figures for 1935 would undoubtedly afford distinct signs of improvement in the health of the people. Even with the epidemic, the provincial death rate shows a slight decrease. The increased birth rate and lowered child mortality rate are healthy indications. The vital index ($\frac{\text{births} \times 100}{\text{deaths}}$) is looked on as a good measure

of the state of health in a country. The figure for Burma in 1935 was 161.76 and is the highest yet recorded. This is another encouraging sign.

In recent years there has certainly been a fairly general awakening on the part of the people to the value and importance of health measures. Epidemic disease is no longer looked on as an unavoidable dispensation of Providence, and the fatalistic attitude of the villager towards plague, cholera and smallpox is disappearing.

In connection with plague, the religious sentiments of the Buddhist population regarding the taking of life makes rat destruction a matter of difficulty, but the opposition is declining, for the people now know that plague amongst the rats will soon mean plague amongst themselves. The increasing faith in the value of inoculation against cholera is an indication of the change that is occurring in the mass mind. In vaccination against smallpox we possess one of the most effective weapons in preventive medicine, and it can be said that there is little or no opposition in Burma to primary vaccination. What is not yet fully recognized is the necessity for revaccination, and strenuous efforts are being made by the Hygiene Publicity Department to drive this home in the minds of the people. Sir George Newman, who up to recently was Chief Medical Officer to the Ministry of Health in England, accurately expressed the position with regard to this disease when he stated that "Smallpox is now the perquisite of those who elect to have it."

While the Public Health Department is finding an increasing cooperation on the part of the people, it has to be recorded that, not infrequently, the elected local body is not equally progressive in its outlook towards health improvement. Preventive measures against disease must sometimes result in a temporary unpopularity until their value is better understood. There have been cases where the committee members were either unwilling or afraid to risk disfavour in the eyes of their constituents. As a previous Director of Public Health once remarked "Unfortunately the dead cannot vote."

The increasing number of voluntary societies devoted to maternity and child welfare is one of the most important advances that has taken place in the province in recent years. The number of trained health visitors is being added to yearly, thanks to the progressive attitude of the Burma Branch of the Red Cross which started a training school for this invaluable class of work.

With the apparent return of prosperity, there is bound to come a loosening of the purse strings held by the central and local authorities in the province. An increasing demand from the people for measures to improve their health will necessitate expenditure on a larger well-qualified public health staff. It is to be hoped that those who will guide the destinies of the province in the coming years will heed the

lesson, that has been learned in those countries which have travelled farther than Burma in improving the health of their inhabitants, that "Prevention is better than cure," and that the improvement and safeguarding of the health of the community constitutes a sound and profitable investment for public funds.

CHAPTER IV.

The Chief Diseases in the Province and their Epidemiology.

15. Cholera (Provincial) 0·57.—The death rate from cholera this year is the highest since 1930 ; it is 0·50 over the previous year and 0·51 in excess of the five year mean. The year opened inauspiciously, for by the 1st January this disease was present in severe epidemic form in the Irrawaddy division. Early in January, it appeared in Pegu and Tenasserim divisions. The epidemic in Pegu division was limited in extent but that in Tenasserim assumed grave proportions. By May every division in the country was infected in varying degree. The seasonal prevalence of the outbreak was most unusual for Burma. Whereas in previous years a cholera epidemic was usually limited to the months of April to July, the epidemic of 1935 increased in intensity between January and April, declined somewhat in May and June and increased again in July and August. After that it declined steadily towards the end of the year. The highest mortality was in the Tenasserim division, especially in Mergui district.

Statements II
and VII and
Vital
Statistics
Chart III.

The disease was mainly prevalent in rural areas, and the difficulty of communications made the task of the public health staff a very formidable one. The cadre of epidemic subassistant surgeons employed for epidemic duty was increased from 19 to 27 in January, and this strength was maintained for most of the year. From the reports of these subassistant surgeons, an idea can be gained of the hardships and obstacles which had to be overcome in reaching the farflung areas to which the epidemic spread. The enthusiasm and keen sense of duty of the epidemic staff is reflected in the satisfactory total of 576,216 inoculations which they carried out. This is a record figure for Burma the greatest number of inoculations in any previous year being 186,435. Regrettable though the necessity may have been for the inoculations, the response of the people to this modern method of protection is very encouraging, and is a striking example of the changing outlook of the populace towards the causes and prevention of this particular epidemic disease.

Cholera (Rural) 0·54.—This rate is 0·47 in excess of that of 1934 and 0·48 in excess of the five year mean. With the exception of Toungoo, Kyauksè and Yamèthin, all the other districts returned mortality from this cause. The highest rates came from Mergui 5·07,

Statement
VIA.

Tavoy 2'05, Pakôkku 1'72, Maubin 1'26, Pyapôn 1'24, Kyaukpyu 1'17 and Amherst 1'07. In all these districts, with the exception of Pakôkku, conditions are fairly similar. The country is intersected with creeks and a large proportion of the population live either on boats or along the river banks. As cholera is so frequently transmitted through infected drinking water, the conditions in these districts are particularly favourable to a widespread extension of the disease once a focus of infection is established. Mergui, Tavoy and Amherst are contiguous districts and the spread of the disease from one into the other is easily understood. The outbreak in Kyaukpyu was probably due to infection from the Akyab district where cholera occurs almost annually. The outbreak in Kyaukpyu was of an explosive nature, 249 out of a total of 252 deaths occurring in the months of June and July. The disease appeared in Pakôkku in April, the first cases occurring in the town. The history of the early cases was fully investigated. At that time the nearest district with cholera infection was Henzada, which is three days journey away. The early cases occurred amongst Pakôkku inhabitants who had never left Pakôkku town, and it is very difficult to understand how the infection was conveyed to this area.

Cholera (Urban) 0'80.—This is 0'72 over the previous year's figure and 0'75 in excess of the five year mean. Mortality from the disease was reported from 35 towns. The most severely affected of the larger towns were Mergui 9'56, Pakôkku 8'22, Pyapôn 5'92, Kyaiklat 5'82, Tavoy 3'72 and Yenangyaung 3'24. The insanitary conditions in *Mergui* are notorious, many parts of the town being in a filthy condition. The disease was prevalent from February onwards and, in spite of the efforts of the health staff, continued up to December. A total of 13,774 inoculations were done, but these were spread over a period of eleven months and it is probable that the outbreak would have been limited had this total of inoculations been reached at an earlier date. In *Pakôkku* the first case appeared on the 6th of April and here the outbreak was tackled in an organised way. A small emergency committee was formed of the Deputy Commissioner, the Municipal President and Vice-President, the Health Officer and the Civil Surgeon. The committee met daily to review the situation and to direct the anticholera campaign. Six inoculation centres were set up and were moved about the town until eventually every ward had been offered a full opportunity for inoculation. The outbreak was of an explosive nature and during the week ending the 20th April, 78 attacks with 71 deaths were recorded. By this time the preventive measures started to take effect and 9,784 had been inoculated out of a population of 23,115. All the wells were systematically chlorinated. By the end of April the outbreak was under control after a total of 178 deaths had occurred. The disease died out in early May in which month only 12 deaths took place. The campaign against this outbreak in Pakôkku

was efficiently conducted and is an example to other municipalities. There is no doubt that the formation of an emergency committee to deal with the situation is a necessity in a town when attacked by cholera. *Pyapôn* and *Kyaiklat* towns are important centres of the paddy trade in *Pyapôn* district and infection is stated to have been frequently imported from the rural areas. In *Tavoy* the disease persisted from February to December. A total of 8,375 inoculations were carried out, but they were spread over eleven months. There were two outbreaks during the year in *Yenangyaung*, and each is said to have been associated with a breakdown in the regular water supply, as a result of which the population had only the untreated Irrawaddy water to drink.

16. Anticholera Measures.—Inoculation with anticholera vaccine and the purification of water supplies as far as practicable were the two main measures relied on. Intensive propaganda was carried out by the epidemic subassistant surgeons of this Department and by the Hygiene Publicity Officer. That fact combined with the intensity of the outbreak, and the increasing recognition on the part of the people of the value of cholera inoculation, resulted in a record number of inoculations being performed. A close enquiry was made regarding any cholera deaths occurring amongst those who were inoculated. Figures have been collected from four districts relating to 241,713 inoculated individuals. As far as can be ascertained only 18 persons died of cholera amongst this inoculated population. Eight of these died within 72 hours of inoculation, *i.e.*, before immunity could be expected to be established. These figures are at present being subjected to a close scrutiny in cooperation with the Statistical Department of the Rangoon University, and it is hoped to publish them shortly, with the conclusions drawn. The districts in which the largest number of cholera inoculations were carried out were Mergui 58,771, *Pyapôn* 56,682, Maubin 49,849 and Pakôkku 46,605.

As far as possible, the holding of *pwès* and festivals was restricted, but between the months of March and April this is a matter which presents some difficulty. Bleaching powder was used extensively in the purification of water supplies.

17. Smallpox (Provincial) 0·10.—The rate is 0·03 below the previous year and 0·02 below the five-year mean. Every district, except *Kyaukpyu* and *Sandoway*, reported mortality from this cause. As usual, the period March to May produced the greatest number of cases, and the lowest prevalence was in November. An analysis of the deaths by ages shows that 7·77 per cent. of the deaths occurred among children under one year, 22·11 per cent. among children between one year and under ten years and 70·13 per cent. among people over ten years. The Vaccination Act which enforces primary vaccination in children who have attained the age of six months, has been in

Statements
II and VIII
and Vital
Statistics
Chart III.

force in Burma since 1883 in the towns and since 1923 in the rural areas. The vast majority of the people get vaccinated as children and the value of primary vaccination is recognised generally. Until the necessity for revaccination is similarly appreciated, the annual mortality among people over ten years of age will be difficult to avert.

Statement
VIA.

Smallpox (Rural) 0·07.—The rural rate is 0·01 over the previous year but lower than the five-year mean by a similar figure. *Shwebo* district with 552 attacks and 93 deaths was the most heavily infected area, but the case mortality was low, being 16·85 per cent. compared with the provincial figure of 26·49. *Shwebo* and *Wetlet* townships were mainly affected. This district was visited by smallpox epidemics in 1926, 1928 and 1933. In the last four years 223,563 vaccinations have been carried out, and it is hoped that the protection afforded by this will keep the district fairly free from this disease for some years to come. *Sagaing* district is notorious for smallpox, and this is to be ascribed in a large degree to the fact that the District Council, up to the year 1934, refused to agree to the Vaccination Act being made applicable to their district. The Act was extended to the area in 1934, but its efficient application is limited owing to the fact that the District Council have not yet agreed to frame satisfactory rules for the enforcement of the Act. In *Toungoo* district there were 404 attacks with 78 deaths. The last severe outbreak in this district was in 1929 when 121 deaths occurred from this disease. The District Health Officer reports that a certain amount of inoculation with virulent smallpox material was carried out in this district which aided the spread of the disease. *Myingyan* district, which was comparatively free from this disease for the previous three years, had 102 attacks with 82 deaths. The high case mortality suggests that a number of other non-fatal cases must have gone unreported.

Statement
VIB.

Smallpox (Urban) 0·38.—The death rate shows a decrease of 0·28 compared with the previous year and is 0·05 below the five-year mean. The highest death rates in towns from this disease were recorded in *Shwebo* 7·00, *Pakôkku* 4·33, and *Toungoo* 4·22. The outbreak in *Shwebo* was very serious, and in a population of 11,286 there were 166 attacks and 79 deaths. The spread of the epidemic in this town is to be attributed partly to the negligence of some of the subordinate public health staff, who failed to report and to take prompt action about certain cases. An enquiry was held and disciplinary action taken, but the Municipal Committee failed to appreciate the seriousness of the offence and the punishments awarded were too lenient considering the gravity of the case. With the cooperation of the Deputy Commissioner, the District Health Officer was able to carry out 11,583 vaccinations during the year, which figure equals practically the whole population of the town, and it is hoped that the protection afforded will prevent any recrudescence for some years. In *Pakôkku* the disease was prevalent from

February to June and there were 138 attacks with 100 deaths. This unusually high case mortality indicates that many of the non-fatal cases must have gone unreported. The Municipal Committee was wise enough to appoint a whole-time health officer in April, and this step should go a long way towards preventing the concealment of future cases. In *Toungoo* the first cases occurred in January and the outbreak reached its maximum in April. The formation of a central emergency public health committee, and of ward sub-committees, to persuade the people to accept vaccination was urged by this Department. Four vaccination stations were set up and moved about daily from quarter to quarter. This intensive campaign resulted in 7,147 vaccinations being performed. Altogether the total number of vaccinations during the year was 15,024 out of a population of 23,223, which is satisfactory. In *Rangoon* the disease started in January. Very active measures were at once inaugurated by the Corporation Health Officer. The normal strength of 21 vaccinators was increased to 39. The imminence of a severe outbreak of the disease was widely advertised and as a result, during February and March, 104,502 persons took advantage of vaccination. This measure checked the outbreak at an early stage, and undoubtedly prevented what might otherwise have been a severe epidemic in the city.

18. Smallpox cases treated in hospitals.—The health reports from districts show that during the year 607 cases were treated in hospitals. Of these, 477 were in the contagious diseases hospitals at Rangoon, Akyab, Bassein, Moulmein and Mandalay. The balance of 130 cases were treated in the isolation wards attached to civil hospitals. Histories of the 607 cases show that 355 had been vaccinated at some time or other and 252 were unvaccinated. The case mortality rate amongst the vaccinated was 10·42 per cent. while that amongst the unvaccinated was 32·14 per cent. While these figures emphasise the value of vaccination, it is also quite clear that as long as smallpox is as prevalent and as severe in character as it is in Burma to-day, revaccination is almost equally important as primary vaccination.

19. Plague (Provincial) 0·11.—It is satisfactory to record that this rate is the second lowest recorded in the province for this disease, since it first appeared in epidemic form in the year 1905. It is 0·08 below the previous year and 0·03 below the five-year mean. The improvement has been in the urban areas. As usual the seaboard districts of Arakan, Tavoy and Mergui were free. Other districts recording no mortality from plague were Hanthawaddy, Myaungmya, Thayetmyo, Pakôkku, Kyauksè and Lower Chindwin. November to March was as usual the period during which the disease was most prevalent, 1,013 deaths out of a total of 1,312 occurring in these months.

Plague (Rural) 0·07.—This figure is 0·02 over the previous year and 0·02 in excess of the five-year mean. The highest rates have been

Statements
II and XII
and Vital
Statistics
Chart III.

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VIB.

recorded in Meiktila 0·54, Sagaing 0·32, Thatôn 0·23 and Magwe 0·19. The plague problem in *Meiktila* district is both difficult and serious. In the year under review, there were 225 attacks and 163 deaths, in spite of the fact that a special staff was employed on antiplague measures. The outbreak in 1935 was mainly centred in Mahlaing township, where the main trade is in cotton and where jaggery is produced in a large scale from the *htanbin* palm. The leaf of the palm is used for roofing and in many places for the walling of the peasants' huts. The spaces between the leaves in the roofs and walls form suitable nesting places for the rats, and their destruction is a matter of great difficulty. Unfortunately the rats in this area live practically altogether overground, very few ratburrows being detected. The use of cyanogas, the new and probably the most effective remedy against rats, is therefore not possible. Cyanogas is markedly effective when used in ratburrows, but in the open huts of the villagers its poisonous action is rapidly reduced by the great dilution caused by the air. The question of destroying these non-burrowing rats is engaging the constant attention of this Department, and various experiments have been carried out by the Hlègu Rural Health Unit. Unfortunately up to now these have not resulted in any satisfactory solution being found regarding the problem. *Sagaing* district recorded 125 attacks with 102 deaths, the townships principally affected being Tada-U and Ngazun. *Sagaing* is a notorious district for plague, the disease having occurred in fairly severe form every year for the last 20 years. The District Council in this area has a big responsibility, and it is regrettable to state that up to now the members do not seem alive to their duties regarding the health of the people in the district. In *Thatôn* district there were 128 attacks with 118 deaths. Intensive antiplague measures were carried out including the use of cyanogas, and antiplague inoculation was given to 7,593 persons. It is reported that the disinclination of the people to report rat mortality, and the custom of storing paddy in the houses, proved big handicaps in combating the outbreak. In *Magwe* district, infection is said to have spread from Taungdwingyi town by means of the sellers who travel about to the bazaars held every five days in this district. A total of 109 attacks with 88 deaths occurred. The district health staff worked vigorously in having rubbish and filth cleared from infected villages, disinfection carried out in infected houses, and rat holes cyanogassed, while antiplague inoculation was carried out.

An unusual happening was an outbreak of pneumonic plague in a village called Thinbangone in Tharrawaddy district, 116 miles from Rangoon on the Rangoon-Prome Road. In all, 31 deaths occurred. The outbreak was at first very obscure, the cases simulating influenzal pneumonia. Once the sputum and blood were obtained from a moribund case plague bacilli were detected. General plague inoculation was carried out amongst all the villagers and amongst the people

in the surrounding area, and the outbreak rapidly came to a close. Pneumonic plague is extremely rare in this province.

Plague (Urban) 0·37.—This is the second lowest figure since plague first appeared in the province, and is 0·86 below the previous year and 0·47 less than the five-year mean. The disease occurred in 32 towns and caused a total of 526 deaths. The highest rates were recorded in *Zigôn* 11·00, *Gyobingauk* 5·73, *Pyawbwè* 5·01 and *Yenangyaung* 3·60. In *Zigôn* where there were 80 attacks and 70 deaths, the bazaar and its surroundings are kept in a highly insanitary condition, and as long as this continues it is impossible to eradicate this disease. In *Gyobingauk* there were 51 attacks with 44 deaths. Strenuous efforts were made by the staff of this Department to rouse the Municipal Committee to energetic action and to persuade the people to accept inoculation, but the results were very disappointing. The population of *Gyobingauk* is 7,675, but of these, in spite of the severe prevalence of the disease, only 734 were willing to be inoculated. *Pyawbwè* is a small town of 5,783 inhabitants and 29 deaths occurred from plague. The condition of the town is very insanitary, and the Committee can only continue to expect outbreaks of plague as long as this state of affairs persists. In *Yenangyaung* plague is endemic, and each year there are about 40 deaths from this preventable disease.

Statement
VIB.

An important factor in reducing the provincial urban death rate from plague in 1935 was the big reduction in the incidence of the disease in *Mandalay* town where 53 deaths occurred. This is a very small figure for *Mandalay* which has a sad record in the matter of plague. The introduction of a cyanogas campaign was undoubtedly the main factor in producing such a welcome improvement in this important town.

20. Antiplague measures. (a) *Rat Destruction.*—Trapping and smoking were employed as in previous years in a number of towns, and by these methods 840,576 rats have been reported as destroyed, compared with 802,185 in 1934. The Rangoon Corporation health staff accounted for 769,632 of these. Figures for rat destruction have been received from some other towns, *viz.*, *Minbu* 11,543, *Syriam* 7,828, *Moulmein* 6,896, *Henzada* 5,943 and *Myaungmya* 5,143. Rat trapping in the rural areas was reported from the Rural Health Unit, *Hlègu*, and from *Myaungmya*, *Magwe*, *Shwebo* and *Sagaing* districts.

The use of cyanogas for the destruction of rats was introduced to the province in July 1934 and by the end of 1935, there were 49 towns and 20 districts in possession of the necessary apparatus together with a supply of cyanogas. A large number of the health staff in the municipal and rural areas had by that time been trained in the use of this poison. Throughout the year this method of rat destruction was used extensively. Although it is impossible to ascertain the number of rats destroyed, the reports received state that there was a perceptible decrease in the

rat population in the areas in which cyanogas was used. An improved type of cyanogas pump fitted with a cut-out device came on the market. With this pump the operator, after the requisite amount of cyanogas has been pumped into the ratburrow, is enabled to continue pumping air so as to ensure the effective distribution of the gas throughout the ratburrow system. This results in more effective use of the gas, and at the same time in an economy in the amount of cyanogas expended.

In Mandalay the cyanogas campaign was carried out throughout the year in a thoroughly organised manner. At the start of the year there were four cyanogas gangs, and this number was increased to six in April and to seven in August. During the year 50,831 ratburrows were treated and 108,281 connecting holes were closed. The effect of this rat campaign was tested periodically, by the setting of traps and counting the number of rats caught per 100 traps. This figure showed a progressive and satisfactory decrease. The Municipal Committee, Mandalay, deserves great credit for tackling the severe plague problem in that town in such a thorough manner. The low mortality from the disease in 1935 caused considerable satisfaction, and the Municipal Committee has unanimously consented to the campaign being continued. To gain the full effects of cyanogas, it is essential that the campaign should be carried on throughout the year. It is only in this way that the rat population will be largely and effectively reduced. In Mandalay every ratburrow was treated at least once a month. In this way the burrows were treated throughout the breeding seasons, and as a result many rats which would otherwise have become adults were destroyed. This undoubtedly is a very important factor in keeping down the rat population.

(b) *Inoculation*.—In spite of the disease being less prevalent, it is satisfactory to record that there was an increase in the number of inoculations performed during the year, the figure being 125,079, which is 21,412 in excess of the 1934 figure. There is no doubt that the people in this province are recognizing in a steadily increasing way the value of inoculation, whether it be for plague or for cholera. The one drawback to plague inoculation is that the reaction is somewhat severe, but the Haffkine Institute, Bombay, from where our supply of plague vaccine is obtained, is earnestly engaged in trying to reduce the severity of the reaction caused by this inoculation. The biggest number of inoculations were performed in :—

Rural Areas.—Meiktila 11,554, Southern Shan States 9,792, Magwe 9,109, Thatôn 7,593, Yamèthin 6,514 and Myingyan 3,683.

Towns.—Mandalay 11,114, Yamèthin 4,521, Henzada 3,690, Thatôn 3,383, Yenangyaung 2,926 and Zigôn 2,843.

Other preventive measures adopted were the general cleaning of houses and streets, disinfection of infected houses, segregation of contacts and in a few instances voluntary evacuation of houses.

21. Fevers (Provincial) 7·31.—This figure is 0·47 below the previous year, but is 0·30 in excess of the five-year mean. Any decrease in this figure is most welcome, for this disease group accounts for 35·78 per cent. of the total mortality in the province. The reduction of 0·47 per 1,000 corresponds to 5,741 less actual deaths. Mortality from this group of fevers is mainly reported from the rural areas where the village headmen are the registrars. The vast majority of cases with a rise in temperature are classified under this heading. In spite of this unsatisfactory diagnosis, there is no doubt that malaria causes a considerable portion of these deaths. Chapter VII of this report is devoted to malaria. The highest number of deaths from fever occurred in the month of December, and it is in that month that the highest incidence of malaria was also recorded. The lowest number of deaths was recorded in the month of February.

Statements II and IX.

Fevers (Rural) 7·85.—This is 0·53 below the previous year but is 0·36 in excess of the five-year mean. The districts recording high rates are Tavoy 16·79, Shwebo 14·58, Akyab 12·85, Kyauksè 11·63, Prome 11·25 and Sandoway 11·05. An analysis of the various diseases in this group is impossible as the diagnosis of these cases has got to be made by a headman. It is probable that a certain number of respiratory diseases are included, as such cases are usually accompanied by fever. Malaria is known to be very prevalent in some of these districts, and this also swells the figures.

Statement VIA.

Fevers (Urban) 3·17.—The rate is 0·09 better than last year and 0·20 below the five-year mean. The deaths under this heading constitute 10·51 per cent. of all the urban deaths and total 4,483. As a qualified medical man usually verifies the cause of death in towns, an analysis of this fever group is possible with the urban figures. This analysis shows that 1,569 were due to malaria, 315 to enteric, 84 to measles, 61 to influenza, 11 to cerebo-spinal fever, 6 to kala-azar, 3 to blackwater fever and 1 to typhus.

Statements VIB and VIB (a).

The annual report for 1934 referred to the prevalence of typhus or typhus-like fevers in the province. During 1935 the Pasteur Institute examined a number of blood specimens from cases suspected of typhus, and 27 were reported as of the "scrub" type and 23 as of the "shop" type of that disease.

22. Enteric Fever 0·22.—As the diagnosis of this disease is so often dependent on accurate bacteriological examination, it is believed that the total of 315 deaths recorded during the year falls short of the true mortality. Blood specimens for culture are taken by medical practitioners in only the minority of cases of fever, and for that reason many enteric infections are probably missed. Other factors against the detection of enteric cases are the remote chances of isolating the organism from the blood after the first week of the disease, and the fact that patients frequently wait for an appreciable time before

Statement VIB (a).

calling in a medical man. The rate is 0·03 greater than the 1934 figure and 0·01 below the five-year mean. The increase of 0·03 may or may not be due altogether to improved bacteriological diagnosis rather than to any actual increase in the number of cases. Those towns recording relatively high rates during the year from this disease were Ngathainggyaung 0·93, Nyaung-U 0·74, Magwe 0·73, Mandalay 0·70, Bhamo 0·62 and Moulmein 0·56.

Statements
II and X.

23. Dysentery and Diarrhoea (Provincial) 0·53.—The provincial rate is 0·11 over the previous year and 0·06 higher than the five-year mean. Associated with the outbreak of the cholera epidemic, there was also an increase in the number of deaths reported from dysentery and diarrhoea. There was undoubtedly in the rural areas a certain amount of confusion regarding diagnosis, and it is probable that a certain number of the early cases of cholera were ascribed to this group of dysentery and diarrhoea. Some headmen are averse to diagnosing cholera on account of the alarm it may cause amongst the inhabitants, or perhaps, in some cases, on account of the extra work and trouble it may entail. The highest mortality from dysentery and diarrhoea was, as usual, recorded in the month of July and the lowest figures were recorded in February.

Statement
VIA.

Dysentery and Diarrhoea (Rural) 0·41.—The figure is 0·11 over the 1934 figure and 0·07 greater than the five-year mean. High incidence was reported from Mergui 3·33, Kyauksè 1·49, Tavoy 1·07, Pyapôn 1·04, Kyaukpyu 1·00, Pakôkku 0·71 and Akyab 0·68. In all of these districts, except in Kyauksè, cholera was present in epidemic form, and the confusion regarding the diagnosis between cholera and dysentery has probably raised the figures of the latter disease. In Kyauksè the increase is ascribed to the unsatisfactory conditions prevailing after the rains and floods when the water supplies were polluted.

Statements
VIB and
VIB (a).

Dysentery and Diarrhoea (Urban) 1·37.—This is 0·11 over the previous year but 0·09 below the five-year mean. The highest figures were recorded in Gyobingauk 4·04, Myanaung 3·86, Kyaiklat 3·38 and Zigôn 3·30. An unsatisfactory water supply is a common feature in towns in Burma, and as long as this is the case the prevalence of not only dysentery and diarrhoea but of all intestinal diseases will be difficult to reduce.

Statements
II and XI.

24. Respiratory Diseases (Provincial) 0·99.—This is 0·08 lower than the previous year's figure and 0·01 below the five-year mean. The highest mortality occurred in December and the lowest figures were recorded in February. Each year there is a marked preponderance of deaths amongst males, the proportion in 1935 to the deaths amongst females being 146 to 100.

Statement
A.

Respiratory Diseases (Rural) 0·29.—The figure is 0·12 below the previous year and 0·04 below the five-year mean. The districts.

returning the highest figures were Lower Chindwin 2·94, Kyauksè 1·09, Pyapôn 0·84 and Akyab 0·61. Lower Chindwin district usually records the highest number of deaths in the province from this group of diseases. The rate for Kyauksè is unusually high for that area, and is ascribed by the District Health Officer to the distressful conditions which resulted from severe floods towards the end of the year.

Respiratory Diseases (Urban) 6·29.—This is 0·17 over the previous year and 0·23 in excess of the five-year mean. The highest figures came from Lashio 12·51, Pakôkku 11·68, Taungdwingyi 11·63, Mawlaik 10·97, Môngywa 10·74, Myitkyina 9·55, Thatôn 9·08, Taunggyi 8·32 and Rangoon 8·25. The total number of deaths recorded under this heading was 8,889, of which 3,880 were ascribed to pneumonia, 2,371 to pulmonary tuberculosis, and 2,638 to other respiratory diseases.

Statements
VIB and
VIB (a).

The urban figure for *pulmonary tuberculosis* is 1·68 which is an increase over the previous year of 0·11. The highest rates came from Thamaing 3·90, Thatôn 3·50, Thôngwa 3·23, Moulmeingyun 2·97, Kyônpyaw 2·73, Myitkyina 2·73, Moulmein 2·55 and Tavoy 2·52. The figure for Rangoon is 2·20. The Rangoon Corporation took an effective step towards the control of this disease in their city, by the establishment of a tuberculosis dispensary which was opened on the 11th December 1935. The Corporation is to be congratulated on this wise measure. A specially trained medical officer has been placed in charge, and home visiting of the patients who report at the clinic had commenced before the end of the year. The dispensary had an auspicious beginning, and it is hoped that not alone will considerable benefit result to the tuberculosis patients in Rangoon, but that the example of the Rangoon Corporation will be followed by other public bodies in the province.

The need for some form of sanatorium in Burma is acute. The Burma Branch of the Indian Red Cross Society has taken the matter up and has now got a scheme under consideration.

25. Beri-beri (Rural).—The figures for this disease are not recorded separately in the rural areas, but the annual reports of some health officers give a certain amount of information. In *Pyapôn* district the disease is confined to Indian coolies whose meals are often irregular and usually ill-balanced, owing to the nature of their occupation and standard of living. The consumption of damp and deteriorated rice is stated to be associated with this disease on frequent occasions. In *Mergui*, the Telugu labourers suffer from it, and this year it has been reported as prevalent amongst the Siamese who live in Victoria Point and whose diet is described as low and deficient. In *Toungoo* and *Upper Chindwin* districts where timber camps are numerous, the elephant attendants frequently suffer from this disease. In the Upper Chindwin 45 cases with three deaths were reported to have been treated in government hospitals.

Statement
VIB (a).

Beri-beri (Urban) 0·11.—This is 0·11 below both the previous year and the five-year mean. Deaths from this disease were reported from 24 out of 75 towns, the highest rates being recorded in Allanmyo 0·88, Mawlaik 0·88, Mergui 0·64, Myitkyina 0·27 and Moulmeingyun 0·26. In *Mergui* the Telugu coolies principally suffered. In *Myitkyina*, those mainly affected were the Chinese labourers and Kachins. In *Rangoon* where the death rate was 0·20 there were 610 cases with 81 deaths from beri-beri including epidemic dropsy, compared with 151 cases with 83 deaths in the previous year. Special steps have been taken to impress on the private medical practitioners that the disease is notifiable in Rangoon, and this may account to a certain extent for the increase in numbers. The Bengali community was mainly affected. The Health Officer, Rangoon Corporation, in his annual report makes the following interesting remarks regarding the outbreak: “(1) The explosive nature of the outbreak of epidemic dropsy suggested that the disease was brought about suddenly by some toxin and did not result from any deficiency of diet. (2) There were a number of persons affected during the last epidemic who, as far as could be ascertained, suffered from no vitamin deficiency in their diets. (3) The Bengalis as a race appeared to be particularly susceptible to this disease, 72 per cent. of the cases occurring amongst that community. During the year under report there was an epidemic of epidemic dropsy not only amongst the Bengalis of Calcutta but amongst Bengalis domiciled in such places as Benares and in some parts of Bihar. (4) The disease showed a seasonal prevalence, being well marked in the first half of the rainy season towards the close of June and during the months of July and August. Towards the end of the wet weather it declined. (5) Epidemic dropsy seemed to be more widely prevalent in large towns situated in the delta area of big rivers not very far from the sea (*c.g.* Calcutta and Rangoon). (6) The consumption of rice was in some way connected with the causation of epidemic dropsy. Whether rice and mustard oil predispose to this disease is a matter for further investigation. (7) The effectiveness of a rice-free diet in the control of epidemic dropsy is well known and the Bengali community of Rangoon were advised by means of advertisements in the local press and by handbills to cut off as much rice from their diet as possible, if its use could not be stopped altogether. Quite a number of them took this advice seriously, and the condition of the sufferers not only became better but it prevented a good many from falling ill. (8) Epidemic dropsy was associated with the consumption of both locally milled rice and the parboiled rice of Calcutta. (9) There was no evidence to suggest that epidemic dropsy was of the nature of an infection lurking in a house or any particular locality as suggested by some. The occurrence of cases in whole families or in localities where the Bengali community predominated was explained

by the peculiarity of their diet or racial predisposition. Members of the other communities who were immediate neighbours and whose diet was different invariably escaped. (10) The great majority of the sufferers were those engaged in sedentary occupations and who belonged to the middle classes. The constant rainfall during June, July and August deprived such people of whatever little opportunities they had for an active outdoor life. (11) The consumption of infected or deteriorated rice owing to storage under moist and hot conditions could not be the only factor in the production of this disease, as such rice was consumed by members of the other communities without any harmful effects. (12) Bengali Hindus were nearly as much affected as the Bengali Mohamedans. Whether an excess of carbohydrate in their diet accounted for their predisposition would appear to be a matter for investigation. (13) The most frequent age of incidence was between 20 and 40 years. (14) Males were far more affected than females, the proportion of males to females (attacks) being 54·7. The mortality was on the whole low (0·20)."

26. Goitre.—The disease is reported from a number of districts mainly in the hilly areas such as the Shan villages in Thandaung township in Toungoo district, the Kachin Hill Tracts in Bhamo district and among the Hill Karens in Salween district. In the Southern Shan States it is reported from amongst the hill inhabitants of Kēngtūng subdivision. Treatment in the civil hospitals has been carried out extensively in some districts such as Myitkyina 1,726 cases, Northern Shan States 6,673 cases, and Mogôk and Thabeitkyin hospitals 564 cases.

27. Yaws.—This disease is very prevalent along the valley of the Tenasserim river in Tavoy and Mergui district. It is also prevalent in Victoria Point subdivision and Bôkpyin township in Mergui district. No treatment was carried out in these areas during 1935 owing to lack of funds. Towards the end of the year a contribution of Rs. 1,000 was sanctioned by the Burma Branch of the Indian Red Cross Society towards the purchase of drugs for treating yaws in Tenasserim and Palaw townships in Mergui district, and the treatment started after the close of the year. In Mandalay, the District Council would be well advised to try and apportion some funds for the treatment of yaws in their district where the disease is very prevalent. In Kyauksè district the disease is reported from three villages, namely Dayegaung, Tabetswe, and Paleik, but it is said to be on the decrease. In Katha, money was provided from the Deputy Commissioner's Local Fund for treatment. The prevalence of yaws in the Lower Chindwin district continues and treatment was carried out during the year in Kani by the subassistant surgeon stationed there.

28. Leprosy.—Colonies for the housing, feeding and treatment of lepers were maintained at Môngywa and Minbu during the year. At

Mônywa there were six cottages with accommodation for eight lepers in each, and during the year a new cottage was constructed to meet the increasing demand for accommodation. The maximum number of lepers in the colony was 66. The Minbu colony is getting very popular, but owing to want of accommodation several patients had to be refused admission. The monthly expenditure of the colony increased and the balance of the fund fell very low, but the Deputy Commissioner, Minbu, came to the rescue by contributing Rs. 500 from funds at his disposal. The maximum number of inmates in the colony was 38. At Kēngtūng, a colony is run by the Roman Catholic Mission and the maximum number of inmates during the year was 110. All these three colonies received capitation grants from the Burma Branch of the British Empire Leprosy Relief Association. The Branch also gave a grant for sinking a well and for other initial expenses in connection with the proposed colony at Meiktila.

This Department considers that in the establishment of leper colonies lies the most effective measure for the control of leprosy in Burma. A colony is much cheaper to establish and to maintain than an asylum. It has an advantage over clinics in that in the colony the treatment can be taken to the segregated lepers, instead of expecting the individual lepers to go for treatment to the nearest hospital clinic which is frequently some miles distant. Were sufficient colonies started throughout the province, they would exercise a marked effect in checking the spread of leprosy amongst the general population, and in addition they would exercise a marked effect on the control of pauper lepers. The class of leper who now leaves his village to go and beg in the towns would have a colony to go to where his housing and food would be assured, where the conditions of life would approximate to those of his village and where he would get regular treatment leading to cure or early arrest of his condition. He would be spared the experience of being regarded as an outcast and having to descend to the level of a pauper.

Treatment clinics were held in Hlègu and Dabein in Insein district, but the attendance was disappointing. In Minbu district, clinics were held at Minbu, Sagu, Pwinbyu, Salin and Sinbyugyun. A subassistant surgeon on special leprosy duty was stationed in this district and the attendances showed an improvement over 1934. In Meiktila district clinics were maintained at Meiktila, Mahlaing, Thazi and Wundwin. In this district the Special Leprosy Officer was stationed, but in spite of that fact there was a fall in the number attending the clinics. A new clinic was opened at the Civil Hospital, Nyaung-U, during the year. At Kyonmange in Myaungmya district a clinic was started by the District Health Officer. The District Council made the necessary financial provision for conducting it. A local leprosy committee has been formed in Kyonmange with the idea of eventually establishing a leper colony there. The Thatôn District Council is considering a proposal to open

a leper colony outside Thatôn town and is awaiting the co-operation of the municipality. High prevalence of leprosy is reported from Pyawbwé town and also from Yamèthin district. As soon as the proposed colony is established in Meiktila, it is proposed to transfer the Special Leprosy Officer to Yamèthin with the idea of starting a colony in that area.

29. Venereal Disease.—It is impossible to give any accurate estimate regarding the prevalence of venereal disease in the province. The general opinion amongst medical practitioners is that its incidence is very high. As the public health statistics only relate to deaths they afford no clue, for a death is rarely ascribed to syphilis or gonorrhœa. Public health reports state that the majority of venereal cases get treated by quacks. The information that is being collected by child welfare centres goes to show that a large number of the mothers attending the centres are infected with syphilis, which accounts for a high number of abortions. The Rangoon General Hospital reports that out of 805 post mortem examinations carried out during the year pathological signs of syphilis were detected in 21·24 per cent., the corresponding percentage for 1934 and 1933 being 20·99 and 19·75 respectively.

In *Henzada* district a high incidence of venereal disease is stated to prevail in towns and large villages, where prostitution is said to be common. There is a widespread desire on the part of syphilitic patients for arsenical injections. In the *Salween* district the disease is said to be on the increase in the large villages on the main roads as a result of easier means of communication, but the District Health Officer says that the disease is unknown among the hill Karens. The majority of the venereal cases in *Tavoy* district are stated to occur in the mining area. The District Health Officer, *Bhamo*, states that the incidence of venereal disease is high in the Kachin Hill Tracts.

Regarding *Thônzè*, *Letpadan*, *Gyobingauk* and *Minhla* municipalities the District Health Officer states that the disease is much more prevalent than the hospital figures would indicate, and that the cases are chiefly treated by private practitioners and quacks who afford greater secrecy. In *Prome* 457 patients were treated in the hospital, but the Health Officer's view is that the disease is much more widespread, judging by the large number of still-births and premature births that occur in the town. The Health Officer, *Pakôkku*, while stating that the Burmans are coming to realise the benefits of modern treatment for venereal disease, points out that if only the women could be made similarly to realise the benefits of the treatment there would be a great decrease in infantile mortality.

30. Rabies.—The provincial death rate was 0·02 which is the same figure as for the two previous years and for the five-year mean. The number of persons treated for rabies during the year in the different centres was 2,908, and the daily average attendance at the Pasteur Institute, Rangoon, for treatment was 66 compared with 74 in the preceding year.

Bye-laws for the keeping of dogs and for the destruction of stray dogs within municipal limits were passed by the following towns :—Bassein, Kyangin, Maubin, Pyapôn and Sagaing.

The destruction of stray dogs as a preventive measure against rabies was reported from the following towns, the figures following the names being the number of dogs destroyed during the year :—Rangoon 8,255, Mandalay 4,114, Akyab 1,121, Syriam 940, Myitngè 720, Pyapôn 645, Maymyo 597, Pyinmana 440, Myaungmya 387, Sagaing 370, Shwebo 358, Henzada 271, Sandoway 250, Kalaw 118, Bhamo 100 and Pegu 23.

Statements
VIA and
VIB.

31. Snakebite.—The mortality due to snakebite has become a subject of public interest in the last couple of years, as evidenced by questions asked in the Legislative Council and articles on the subject in the newspapers. Up to 1935 the mortality figures from snakebite were collected under the same heading as deaths due to wildbeasts. For 1935, snakebite figures have been compiled separately and these show that 2,186 deaths occurred during the year from this cause. Only 76 deaths were in towns, the balance of 2,110 being in the rural areas. The provincial death rate was 0·18 and the rural and urban death rates were 0·20 and 0·05 respectively. The Russell's viper is said to be the commonest cause of death.

The highest seasonal incidence was in the month of December. The districts with the highest mortality were Tharrawaddy, Pegu Maubin, Magwe, Sagaing and Insein. A pamphlet in Burmese containing advice on the prevention and treatment of snakebite was issued in January 1936, from the Hygiene Publicity Bureau of this Department, and its distribution, especially in the rural areas, is being continued.

32. Lead poisoning.—In Namtu the examinations of the employees of the Burma Corporation, Limited, were carried out regularly in accordance with the Provisional Namtu-Bawdwin Lead-poisoning Prevention Rules, 1933. During the year one casual labourer employed in the smelter was found to be suffering from lead impregnation. He improved under treatment in the hospital, but it was considered better not to re-employ him and he was given compensation. In 130 workers signs of lead absorption were detected. They were put under treatment and are stated to have recovered rapidly. The Chief Medical Officer points out that the regular employees seem to suffer from lead absorption less frequently than casual labourers ; he ascribes this to the better personal cleanliness of the steady employees and suggests that they may have an acquired toleration. He also suggests that vegetarians suffer less than meat eaters.

No cases of lead poisoning were reported from the Burma Railways workshop at Myitngè.

CHAPTER V.

Urban Sanitation.

33. Health Staff.—In 1934 the Myingyan and Pakôkku Municipal Committees had each appointed an unqualified health officer to whom a competence certificate could not be granted and these appointments had therefore to be cancelled. In 1935 the two Committees appointed qualified health officers. In Thayetmyo and in Sagaing towns two subassistant surgeons of this Department had been on deputation as wholetime municipal health officers. They returned to departmental duty in 1935 and a qualified health officer was appointed in Thayetmyo. The Sagaing wholetime appointment was not continued owing to financial stringency, and that town has reverted to having the District Health Officer looking after its health. There were no other changes amongst the wholetime health officers employed by municipalities. During the year in 14 out of 28 towns with a population of over 10,000 a wholetime health officer was employed, and 2 towns with a population below 10,000 had a similar appointment.

Four registered medical practitioners obtained the Government of Burma License in Hygiene after undergoing the necessary course in the Harcourt Butler Institute of Public Health, Rangoon. Three of these managed to secure appointments as municipal health officers. At the end of the year a new class of five private candidates was under training in the Institute.

34. Water Supplies—

AKYAB.—In the annual report for 1934 reference was made to the Akyab Water Works Scheme which, from March of that year, had started to supply adequate water to those parts of the town which in previous years had suffered from acute shortage. Unfortunately in 1935, owing to inadequate rain, the water level in the reservoir fell abnormally low and in the months of April and May the piped supply had to be restricted to six hours a day. From August onwards the piped supply was chlorinated.

BASSEIN.—The Municipal Committee considered and approved of a scheme for sinking a 6-inch tube well near a similar well in the Victoria Gardens which has been giving satisfactory water. It is hoped that the extra water from this new well will suffice to provide water for the congested portion of the town. By the end of the year the scheme had been sent up to the Local Government for sanction.

MOULMEIN.—The five tube wells which had been sunk in 1933 were under test during the year, as the engineering authorities feared that with prolonged pumping the yield of water was likely to be insufficient for any regular distribution system. In 1935 the Committee concerned itself with improving the supply from the present reservoir. The pressure from the reservoir is stated to be too low to fill the service

tanks rapidly enough to keep pace with consumption, and the Committee therefore embarked on a scheme for boosting this pressure. The Committee also sanctioned the purchase and installation of a meter in the 16" main near the reservoir. With a view to safeguarding the purity of the supply, it was decided to instal a chlorination plant.

THAYETMYO.—The water supply is from two wells and is said to be inadequate. The Municipal Committee considered supplying untreated river water to the town, but the engineering authorities advised that the construction of infiltration galleries, such as has been done in Môngywa and Pyawbwè, would be a better solution of the problem. At the end of the year the Municipal Committee was considering this proposal.

MANDALAY.—The Health Officer states in his report "Not only is the prospect remote of the adoption in the near future of the Irrawaddy River Intake Scheme, considered to be the best of several schemes proposed, but the scheme mentioned in my last report for consolidating the existing arrangements in connection with the supply of tube well water and for making the supply available to a large portion of the population had to be kept in abeyance for want of funds. The urgent need of a satisfactory and adequate supply of drinking water, in order to reduce the incidence of the large number of prevailing water borne diseases, still remains."

PYINMANA.—The Municipal Committee in this town entered into an agreement with a contractor for the sinking of a 6" diameter tube well with a guaranteed yield of 3,000 to 4,000 gallons per hour. The yield of water, however, fell short of the guarantee and the contractor was given an extension of time, in the hope that the yield might increase. The boring is stated to have reached a good water bearing stratum. There is a scheme for providing a water supply for this town at a cost of nearly five lakhs, but this is beyond the town's resources.

MAWLAIK.—Here the Military Police are reported to have constructed a good water supply by bunding a hill stream behind their lines, from which water is led by a pipe line to two large storage tanks. The Commissioner of the Sagaing division in his comments on this work states "A creditable performance. I do not see why the townspeople could not achieve something of the same nature."

LASHIO.—The Town Committee has spent Rs. 1,977 in raising the the bund and the sluice gate of the new reservoir in order to collect more water. A provision of Rs. 8,000 has been made in the 1936-37 budget for the construction of an additional reservoir and for the improvement of the pipe line between the two existing reservoirs.

35. Conservancy and Drainage.—This report has in successive years drawn attention to the undesirable system by which municipal committees have their conservancy carried out by a contractor. Yet, in spite of that, the contract system is said to be still in force in

some form or another in Pegu, Henzada, Tavoy, Toungoo, Thayetmyo, Allanmyo, Taungdwingyi, Mandalay, Yamèthin, Ye-U, Mawlaik, Myitkyina and Taunggyi towns. The Commissioner, Irrawaddy division, referring to the conservancy service in Henzada, states, "Both day and night conservancy is entrusted to contractors, a risky arrangement which requires constant vigilance to ensure a reasonable standard of efficiency. It is obvious that the Health Officer can exercise more effective supervision over departmental agency than over contractors' labour. The whole position in regard to conservancy in Henzada is unsatisfactory." The District Health Officer, Toungoo, complains of the lack of control by the health department over the contractor's personnel. There is no doubt that this contract system has many drawbacks, and the municipalities in which it is in force would be well advised to change over to a departmental system as soon as the present contracts expire.

In Moulmein the Municipal Committee has budgetted for a sum of Rs. 4,000 for the introduction of a double bucket system on an experimental basis.

In Syriam a sum of Rs. 14,500 was spent in constructing a pucca drain along the northern boundary of the scheduled area. In Maymyo pucca drains were constructed in blocks Nos. 6 and 8 and sanction was given for similar work in blocks Nos. 10 and 11. Improvement to or extensions of the pucca drains are reported to have been carried out at Akyab, Paungdè, Thayetmyo, Allanmyo, Minbu, Pyawbwè, Môngywa, Taunggyi, Kalaw and Lashio.

36. Markets.—The public health reports from towns give an impression that a fairly general effort is being made at improving the sanitary conditions of bazaars. Some municipalities found their finances improved during 1935 and in many cases money was wisely spent on bazaar improvements. In *Akyab* the progressive Municipal Committee has a well thought out programme for improving its bazaar and, in 1935, raised platforms and concrete passages were constructed in E block. The bazaar in this town improves in appearance each year. In *Insein* the fish stalls were improved and a new shed for storing fish overnight was constructed. The latter was a well meant effort on the part of the Committee to improve conditions for the fish sellers, but the latter, rather wantonly, have refused to make use of it. In *Prome* Rs. 10,354 was spent on roofing the bazaar and on constructing new fish stalls. In *Bassein* the Committee sanctioned Rs. 12,973 for constructing a new bazaar in Myothit quarter. In *Pyawôn* the Municipal Committee is said to have effected a number of improvements in the municipal bazaar. The old dry fish and miscellaneous bazaars which were in a dilapidated condition were dismantled and rebuilt on new sites with better light and ventilation. In *Tavoy* the second block of the newly proposed bazaar was completed and is a fine

building. In *Mandalay* only slow progress was made in improving the sanitation of the markets in the town, but the reconstruction of the Nyunbaung bazaar is a very welcome improvement, as its sanitary condition was a disgrace to Mandalay. Improvements in varying degrees to bazaars are also reported from Letpadan, Syriam, Wakèma, Yandoon, Toungoo, Allanmyo, Magwe, Pyinmana and Taunggyi.

The renewed activity in bazaar improvement is very welcome, in view of the fact that insanitary bazaars have in the past contributed so much to the spread of plague.

CHAPTER VI.

Rural Sanitation.

37. Health Staff.—The superior personnel employed in rural areas was the same as in the previous year. In Akyab, Myaungmya and Pyapôn districts wholtime health officers were employed. In the other districts the Civil Surgeon was responsible for carrying out the duties of health officer in addition to his own duties. The time which he can devote to this work is, however, limited by the hospital and medical duties which he has to carry out. Four Assistant District Health Officers were available for work in the rural areas, and they were posted for varying periods in Prome, Tharrawaddy, Bassein, Maubin, Pyapôn, Mergui, Thayetmyo, Pakôkku, Mandalay and Sagaing districts. In consequence of the cholera epidemic, frequent transfers of these Assistant District Health Officers were unavoidable. The subassistant surgeons of this Department also worked in the rural areas, and in their case also the epidemic situation made it necessary to transfer them frequently from district to district, some subassistant surgeons serving during the year in as many as six districts. The subordinate staff engaged in the rural areas consisted of public health inspectors, inspectors of vaccination, vaccinators and conservancy coolies. During the year 63 public health inspectors, 27 inspectors of vaccination and 303 vaccinators were employed. In the districts of Pakôkku, Bhamo, Salween, Arakan Hill Tracts and the Chin Hills no public health inspector was employed.

38. Water Supplies.—No appreciable advance in the standard of water supplies in rural areas can be recorded during 1935. The importance and acuteness of the problem is well known, and in September 1935 the Local Government instituted an enquiry into the possibility of augmenting the water supply in certain rural areas where there is a definite shortage of water. The district councils concerned were addressed, but by the end of the year all the replies had not been received. There is a tendency amongst the district councils to believe that no improvement is possible without a grant from Government. Much could be done, however, to improve matters if the district

councils who can afford it and the villagers learned to rely more on their own resources. The provision of a safe water supply in a village is a very suitable object towards which a prosperous and charitable-minded individual might devote a portion of his wealth. A good example of such public spirit was shown in Kyowaing village in Thatôn district where a piped water supply was installed through the private enterprise and generosity of a timber merchant. In Bogale village the Chettiar community sunk a tube well from which the public are allowed to take water free of charge. These are two examples which might well be followed by other citizens in Burma, whose worldly wealth puts them in a position to be able to confer such a blessing on the local community as giving an adequate supply of safe water. Minor improvements to tanks are reported from Hanthawaddy district. In Myaungmya district preparations were made by the district council for providing tanks in three villages, and in Pyapôn district budget provision has been made for four new tanks in villages. The general problem of rural water supplies is a big and vexed one, and until the provincial finances improve the district councils and the villagers must learn to make the best of the local resources in money and labour.

39. Conservancy.—During the year 90 bored-hole latrines were constructed at Einmè and 17 at Thayetkôn in Myaungmya district. The cost of these latrines was met by the district council. This is an example which might well be followed by the district councils in those areas where bored-hole latrines can be constructed. In Kyaiklat township in Pyapôn district a number of bored-hole latrines were made and are reported to be working satisfactorily. A few bored-hole latrines were constructed in some of the villages in Insein township for demonstration purposes.

Most district councils maintain a staff for day and night conservancy in some of the biggest villages, but such amenities are not enjoyed by even a small percentage of the rural population in general. The cleanliness and sanitation of a village, depend therefore to a large extent on the efficiency, influence and personality of the headman in enforcing the rules regulating village sanitation. In his annual report the District Health Officer, Magwe, gives a description of the condition of the villages in his district which may be said to apply fairly generally to the villages in the province. He states " Villages were swept only occasionally when the villagers anticipated the arrival of a Government officer such as the Deputy Commissioner, Subdivisional Officer or the Township Officer or the District Health Officer. Cowdung and rubbish heaps were taken out voluntarily once a year when manure was required for raising crops, or when, on account of an outbreak of an epidemic disease, pressure was brought to bear on the villagers. Village drains were as a rule not

attended to by the villagers. There was no serious objection to pigs being reared inside the village. Filth of every description was allowed to remain under the floors of houses and around them."

It is regrettable that such a low standard of general sanitation is tolerated to such a wide extent by the inhabitants of the province. Its improvement can only come from getting the villager to realize the benefits which will accrue to him and to his family by the removal of such insanitary surroundings. A growing movement is now afoot to stir the villager out of his lethargy regarding sanitation, and such organizations as the Rural Reconstruction League, the Village Uplift Group inaugurated at Judson College and the Youths' Improvement Society are devoting themselves to this very laudable object. Such voluntary societies are to be welcomed when engaged on such desirable uplift work, and their efforts should prove of assistance to the limited health staff which is at present available for work in the rural areas.

40. Rural Health Unit, Hlegu.—This is the sixth year in which the unit has been in operation. As in the previous years the work undertaken included the collection and study of vital statistics, health education, vaccination, school medical inspection, maternity and child welfare work, control of acute communicable diseases, refuse and sewage disposal, improvement of water supplies and abatement of nuisances.

Registration of vital statistics has been markedly improved. The birth rate of 35.51 recorded during the year is the highest since the inception of the unit. The mean birth rate for the five years prior to the starting of the unit was 16.89 per thousand. In order to encourage birth registration a new and attractive design of birth registration certificate was introduced during the year. This has captured the villager's imagination and has acted as good propaganda for early birth registration. Improvement has also been brought about in death registration. The death rate during 1935 was 20.20. The five-year mean rate prior to the unit's inception was 12.72. The infant mortality rate of 124.84 for 1935 is the lowest since the inception of the unit. There were 14 maternal deaths giving a ratio of 6.01 per thousand registered births, and 74 still-births giving a ratio of 3.17 per hundred live births. The vital index of the area was 175.79.

Of the acute communicable diseases, there were one case of cholera who recovered and seven cases of smallpox with one death. Primary and revaccinations were carried out among 4,950 persons during the year. By the end of the year 68 per cent. of the population in Hlègu township were protected by either primary or revaccination. Of the less acute communicable diseases, there were 26 cases of chickenpox, 4 cases of measles and 60 cases of whooping cough. Lectures, health conferences, lantern talks, cinema shows and school health talks totalled 280 with an approximate total attendance of 11,795. There were 247

infant and maternal welfare clinics held at the two centres in Hlègu and Dabein with a total attendance of 1,771. The nurse carried out 3,682 home visits. The two midwives conducted 413 confinement cases and did 1,654 prenatal and 1,564 postnatal visits.

During the year there were 36 registered vernacular schools in the Health Unit area ; of these 17 were provided with individual drinking watercups, cupracks and properly protected water receptacles. Ventilation in the schools was sufficient, but in the majority of the schools the light was found defective. Improvement was, however, noticed in six schools. Regular school medical inspection was made in 22 schools and 1,156 children were given a thorough physical examination. Among this number, 380 or 32·87 per cent. were found free from physical defects.

The unit continued to assist in leprosy work in the township so far as time and personnel permitted. Each week two treatment clinics were held in Hlègu and one in Dabein. New cases registered totalled 34 and the number of lepers treated throughout the year was 87. Of these, five were discharged as relieved. Surveys were carried out in the last four months of the year in 27 villages. The surveys show that the incidence of leprosy among the population in this township is 12·4 per thousand.

The number of laboratory examinations carried out was 89. Oil of chenopodium was administered to 2,453 persons for the treatment of round worm infection, and of the 1,972 cases in which the results were known 96·7 per cent. were relieved. *Gambusia affinis* were distributed to four tanks in three villages as an antimosquito measure, and 100 malarious patients received 1,883 cinchona febrifuge tablets.

Measures for the improvement of environmental sanitation were continued as in the previous years. A total of 395 inspections were made of wells and tanks and suggestions were given for their improvement ; seven wells and two tanks were provided with force pumps and 34 wells were chlorinated. Sanitary inspections of food establishments and commercial premises totalled 1,528. Anti-rat measures were carried out as a routine and 355 rat holes were fumigated with cyanogas, 490 holes blocked and 5,742 rats were trapped or poisoned. During the year 1,556 lorry loads of refuse were removed to the dumping grounds in Hlègu and Dabein.

The policy of encouraging the householder to construct bored-hole latrines was continued and during the year 201 additional bored-hole latrines were provided. In 20 per cent. of these the householder contributed part of the cost. The total number of bored-hole latrines constructed by the unit up to the end of 1935 was 1,828 in 17 villages. Under the supervision of a public health inspector the construction of bored-hole latrines was carried out in four villages in Insein township for demonstration purposes, and a number of boring implements were kept

on hand for loan or for sale to local bodies. The total cost of constructing a bored-hole latrine in Hlègu is Rs. 7-14-0 which includes a reinforced concrete squatting plate of the latest design ; the householder provides the superstructure. From the experience in this township and from data collected over a period of six years, when used with reasonable care a bored-hole latrine will last for four years for a family of 5 to 8 persons. The constant use of a well fitting cover prevents all fly breeding ; but where this precaution is neglected and fly breeding occurs, a half inch layer of old motor oil or crude earth oil effectively stops the nuisance.

In its capacity as a field training centre for practical training of public health personnel, the unit undertook during the year the training of one Assistant District Health Officer, nine subassistant surgeons and three public health inspectors. Six students for the Government of Burma License in Hygiene, eight students of the Health Visitors training class and fifteen students of the Medical College visited the unit to gain practical knowledge in dealing with public health problems. Since its inception the unit has undertaken the practical training of 171 public health personnel.

Among the visitors to the unit during the year were the Hon'ble Dr. Ba Maw, Minister for Education ; the Mohnyin *Sayadaw* ; Mr. and Mrs. Wallace of Detroit, Michigan, U.S.A. ; Miss Stiles and Miss Beaumont of Peiping University, China ; Miss L. Mackenzie of Dera Ismail Khan, N.-W.F. Province ; Mr. Darling, I.C.S., New Delhi, and Professor and Dr. (Mrs.) Blacklock of the University of Liverpool.

41. Rural Uplift Work.—In 1935 the Government of India allotted to Burma a sum of five lakhs for the improvement of rural conditions, and called for proposals as to how this grant could most profitably be spent. The Local Government submitted a scheme for the establishment of Rural Uplift Centres in different parts of Burma. According to that scheme, each centre is to comprise a typical group of villages with a surrounding area varying according to the density of the population. The object is to equip each centre in such a way as to raise the standard of rural life. In addition to the Public Health Department, the Education, Agricultural, Veterinary and Medical Departments are also interested. The Government of India accepted the scheme and agreed to the expenditure of Rs. 3,35,000 on its development. The development of the public health part of the scheme is to follow the lines which have proved successful in the case of the Hlègu Rural Health Unit. Each health section is to consist of a Health Officer with a staff consisting of one health visitor, one public health inspector, one midwife, one clerk and one peon. The public health activities will embrace the whole of the township in which the Rural Uplift Centre is placed. This is necessary, primarily from the point of view of statistics as the township is the smallest unit in the province for which

statistics are compiled. The public health section has already started work at Tatkôn in Yamèthin township, and the early investigation of the health problems and the local conditions in that township hold out the hope that excellent work is capable of being accomplished. The Government of India grant only became available towards the end of 1935, and by the end of the year it had not been possible to proceed beyond a discussion regarding the areas most suitable for this rural uplift work, together with the other details of organisation necessary to ensure full cooperation between the different departments interested in the scheme.

CHAPTER VII.

Malaria.

42. **Malaria (Rural).**—Accurate figures for the incidence of this disease in the rural areas are hidden in the general figure for "fevers." The death registrars, who are the village headmen, are unable to differentiate between the different varieties of fever. By comparing the deaths from fever in those districts which are known to be malarious and those districts which are known to be practically free from the disease, it would seem that the percentage of fever deaths to be ascribed to malaria is somewhere in the region of 50 per cent. Generally speaking the wide open plains in Burma are free from this disease. In these plains there is extensive cultivation of rice and, while non-malaria mosquitoes are found breeding extensively in the rice areas, the malaria carrying anopheline mosquito is generally practically absent. Where the country gets broken up by the low-lying hills, at once malaria becomes prevalent, and it is in these areas that the highest mortality and disability from the disease are found. Any big scheme of mosquito eradication in these areas is at present out of the question, and the best measure that can be taken is to reduce the length and frequency of the periods of fever to which the inhabitants are subject. The issue of quinine, therefore, constitutes at present the most effective measure which can be taken against malaria in the great majority of the areas in Burma where the disease is endemic. For that reason, when submitting schemes to the Government of India for the expenditure of the grant of five lakhs made in the year 1935 towards improving rural conditions, the Local Government included a scheme for the expenditure of Rs. 1,15,000 on antimalarial measures. The principal measure is to be the extensive free issue of quinine. The Government of India accepted this proposal and measures have already been taken for the expenditure of this money, with a view to bringing this beneficial drug within the reach of a large proportion of the population in the province. In addition to the quinine which will be available from this grant, the Local Government received from the Government of India in 1935 a free gift of 5,000 lbs. of quinine

sulphate from the stocks which had accumulated in India. This quinine sulphate has been converted into 4 gr. tablets and is already being distributed in the rural areas where it is needed. The cooperation in this scheme of the executive officers and of other departmental officers has been obtained, and it is confidently believed that in the next few years a considerable amelioration in the suffering due to malaria fever will be brought about. The villager at present is largely ignorant of the value of quinine as an antimalarial drug. This ignorance is fostered by the *Se-sayas* (Practitioners in Burmese medicine) who, unfortunately, still pursue a large practice in this province. It is hoped that with the extensive free distribution of quinine much of this ignorance will be dispelled. The free issue of quinine in schools in the malarious areas should prove of the greatest benefit, and it is believed that one of the best ways of educating the public in the use of the drug is by demonstrating its beneficial effects amongst the school children.

A sum of Rs. 25,000 from the Government of India Rural Uplift grant has been set aside for the breeding and distribution of larvivorous fish. In many of the villages the water supply consists of tanks which are frequently prolific breeding places of malarial mosquitoes. Efforts are to be made to establish anti-larval fish in these tanks with a view to reducing the mosquito population. These larvivorous fish have already been established successfully in the Hanthawaddy district, and it is hoped similar success will be met with in other areas.

Malaria broke out in epidemic form in Kyaukse district after the floods in November. The conditions after the floods had subsided were most favourable for such an outbreak. A special subassistant surgeon was stationed in the district, while cinchona febrifuge tablets were distributed on a wide scale and probably saved many lives. In Toungoo district there was a mild outbreak in the Kyaukkyi township, and again the distribution of cinchona febrifuge tablets was carried out on a generous scale. In Hanthawaddy and Insein districts there are outbreaks nearly every year. A constant watch was kept on these areas and quinine was freely distributed. Severe prevalence was reported from the Upper Chindwin district, where in the narrow valleys with perennial hill streams conditions are extremely favourable for the prevalence of the disease. In Myitkyina the majority of cases treated in the hospitals in the Putao subdivision are ascribed to malaria. As in previous years the disease was extensively present in the Northern and Southern Shan States.

Statement
VIB (a).

43. **Malaria (Urban) 1'11.**—There has been a progressive improvement in the death rate from this disease in towns since 1928. The 1935 rate was 0'03 less than the previous year and 0'21 below the five-year mean. The towns recording the highest rates were Lashio 19'19, Mawlaik 9'92, Minbya 9'80, Kawkareik 8'52, Kyaukse 7'48, Bhamo 6'87 and Pyu 6'79. In *Lashio* the disease is very prevalent and the

Health Officer attributes a large proportion of the mortality in the place to its effects, direct or indirect. In 70 per cent. of the cases the blood picture shows a heavy infection, usually of the malignant type, while double infections are also common. In *Mawlaik* the Military and Civil Police Lines and the Thayetkon and Naungpula quarters are said to be heavily infected, but an appreciable improvement has been brought about in the Military Police Lines by the construction of pucca drains and by the draining of swampy areas. In *Kawkareik*, when malaria was prevalent, the *Se-sayas* (Practitioners in Burmese medicine) persuaded the villagers that what they were suffering from was not malaria but a disease known by the *Se-sayas* as *Metkalaung*. This made it still more difficult for the local health staff to persuade the people to accept the free quinine which was offered to them. An intensive effort is being made by the Hygiene Publicity Bureau of this Department to counteract the heresy of the *Se-sayas* regarding *Metkalaung*, and a pamphlet on the subject has been widely distributed. The *Se-sayas*, however, are unfortunately a strong force with wide influence.

44. Antimalarial Operations—

KYAUKPYU.—Intensive and effective antimalarial work in this town was conducted during the year. The main measures were the reclamation of borrowpits and tanks, the filling in of shallow depressions, the grading of drains, the planting of trees for shade and the use of paris green and oil. A subassistant surgeon of this Department was in charge of the work. The campaign here has been in force since 1929. A spleen census was taken in June and revealed the satisfactory figure of 5.59 per cent. compared with 31.25 per cent. in 1930 and 10.55 per cent. in 1934.

AKYAB.—Antimalarial measures have been carried out consistently in this town since 1927. In 1935 the reclamation of the Peeleegoung brick fields was continued and several lowlying areas in private compounds were reclaimed with rubbish. The Khamoung creek was straightened out as far as possible to improve the flow of water and to prevent the breeding of mosquitoes. Open surface drains which could not be drained were treated with oil.

MAYMYO.—In this town excellent progress in mosquito control was made under the antimalarial committee which has been formed with representatives of the municipality, the military and railway authorities. The principal measures adopted were the reclamation of borrowpits, buffalo wallows and excavations, and the grading and trimming of streams and drains. Malariol was used for the oiling of tanks, drains and hoof prints while paris green was used in the ponds of the botanical gardens and in the Harcourt Butler lake. The records of mosquitoes captured showed a very high diminution compared with the previous year. A spleen census was taken and showed a reduction from 1.59 per cent. in 1933 to 0.74 per cent. in 1935. Byelaws regulating the collection

and storage of water and prevention of the breeding of mosquitoes were sanctioned by Government and brought into force. The antimalarial committee in Maymyo is to be congratulated on a good year's work, and it is hoped that the present effective measures will be maintained.

LASHIO.—Organized antimalarial work was carried out in this station where the Town Committee recognizes its importance. A temporary gang of 1 maistry and 12 coolies were employed for jungle clearing, drain cutting and filling in borrowpits. A permanent gang of 1 oiler and 2 larvæ catchers were maintained throughout the year. Subsoil drainage has been carried out here with very beneficial results, but its development was prohibited owing to its high cost. During the year a contour drain, from which beneficial results are expected, was under construction. Various species of plants were experimented with, in the hope of producing effective shade over some of the streams and drains. The results have not been very encouraging, as the excessive width of the drains makes it very difficult to shade them over completely. In the "protected area" of Lashio where antimalarial measures are in progress the spleen rate was 37.67 per cent. while in the "unprotected area" it was 87.33 per cent. The difference between these figures is a good indication of the benefit which has been brought about up to now by the antimalarial measures in Lashio.

RANGOON.—Malaria caused 80 deaths in 1935, most of which occurred in the outskirts of the town. Antimosquito operations were carried out by four public health inspectors, but it was found that this staff was quite inadequate to deal with the very large problem of mosquito prevention in the city. In view of the increasing danger of the spread of yellow fever to Eastern countries, owing to the acceleration of aerial traffic, the Rangoon Corporation wisely decided at the end of the year to employ 14 antimosquito inspectors in order to carry out an organized and intensive campaign against the breeding places of mosquitoes. These inspectors were given special training in the Harcourt Butler Institute of Public Health, and soon after the end of the year they started on their work under the supervision of an Assistant Health Officer whose wholetime duty is to prosecute this antimosquito campaign. This work, in addition to acting as a protection against the importation of yellow fever, should also prevent any development of malaria and is likely to bring about an appreciable reduction in dengue which causes a large amount of disability each year in the city.

SANDOWAY.—A noticeable increase in the incidence of malaria was brought to notice in this town during the year, and a spleen census revealed a spleen rate varying from 29 per cent. to 55 per cent. in different parts of the town. The Municipal Committee agreed to contribute towards carrying out a malaria survey, in order to devise some practical measures for reducing this threat to the wellbeing of Sandoway.

SAHMAW.—At their sugar estate Messrs. Finlay Fleming & Company have carried out organized antimalarial measures for some years and these were continued during 1935. The spleen rate in this area was as high as 73 per cent. in 1928, and it has been progressively reduced until the satisfactory figure of 18 per cent. was reached in 1935. The systematic oiling of breeding places was the main antimosquito measure, while trapping of adult mosquitoes was also done. The mosquito proofing of bungalows has reduced the incidence of malaria among the superior staff on the estate. Altogether the work done here seems to have had excellent results.

45. Cinchona Febrifuge Tablets.—As usual, these were manufactured in the Rangoon Jail, from where they were distributed to district treasuries either for issue on payment or for free issue when authorized. During the year 3,826,980 tablets were sold by the treasuries which is an increase of 455,400 tablets over the sales of 1934. However, the increase was not general and was mainly confined to the Southern Shan States. Minor increases in sales were reported from the following districts :—Tharrawaddy 38,340, Pegu 30,600, Henzada 21,420 and Myitkyina 16,020. There was a large decrease in sales in the districts of Bhamo 98,460 and Minbu 62,460. A total of 448,560 tablets were distributed free in 16 districts compared with 208,980 tablets in the previous year. The largest free supplies were in the districts of Kyauksè 95,400, Amherst 72,000, Chin Hills 72,000 and Myitkyina 67,320.

As described under the section on Malaria (Rural), it will be possible to distribute free quinine in the coming years on a generous scale from the 5,000 lbs. of quinine sulphate which has been received from the Government of India, and by means of the Rs. 1,15,000 which have been allotted for antimalarial measures from the grant given by the Government of India for rural reconstruction.

The average consumption of cinchona febrifuge per head of population rose from 0·87 grain in 1933 to 1·00 in 1934 and to 1·20 in the year under review. The largest consumption of 10·04 was in Bhamo district ; the Southern Shan States, Myitkyina and Mergui came next with consumption rates of 5·02, 4·93 and 4·12 grains respectively. The districts recording the highest fever death rates, and their rates of consumption of cinchona febrifuge are given below :—

District.	Death rate from fevers.	Rate of consumption of cinchona febrifuge per head of population.
Tavoy ...	16·52	2·31
Shwebo ...	14·31	0·13
Akyab ...	12·20	0·98
Kyauksè ...	11·43	2·85
Sandoway ...	11·12	0·11
Mérgui ...	10·99	4·12
Minbu ...	10·79	0·94
Prome ...	10·44	0·55
Pakôkku ...	10·01	0·10

CHAPTER VIII.

Maternity and Child Welfare.

46. Vital Statistics.

MATERNAL MORTALITY RATES.—The following are the maternal mortality rates for 1935 :—

Rural areas	...	...	3·84
Urban areas	...	...	9·76

The accuracy of these figures is open to grave doubt, and it is confidently believed that the true figures are much higher. Any maternal death within fourteen days of delivery should be recorded as due to the effects of child-birth. In rural areas this regulation is ignored to a large extent by the headmen who are the village registrars, and it is felt that in urban areas also deaths within fourteen days of delivery are ascribed in an appreciable number of cases to some cause other than child-birth.

Statement
I (a).

STILL-BIRTH RATE.—A statement showing still-births by classes is published for the first time at pages 90 and 91 of this report. Out of 4,187 still-births shown in the statement, 1,362 were registered in rural areas and 2,825 in towns. The still-birth rate per 100 live births was 1·05 for the province, the rates for rural and urban areas being 0·39 and 5·90 respectively.

Statement
VIB (a)

INFANT MORTALITY RATE.—This was 176·55 in the rural areas and 255·82 in the urban areas. The rural rate is lower than the last two years and the urban rate is the lowest yet recorded.

The highest infant mortality rates were reported from the following towns :—Taungdwingyi 446·39, Pakôkku 421·52, Gyobingauk 419·91, Kamayut 412·79, Mandalay Cantonment 399·37, Myitngè 398·23 and Pyawbwè 373·70.

The rate in *Taungdwingyi* remains persistently high. A well organized child welfare centre has been established there since 1933, and two municipal midwives are employed who are stated to have attended 92 per cent. of the total births. Accurate statistics are not available of the causes of this high mortality, but those connected with the child welfare centre have formed the impression that venereal disease is unduly prevalent in this town. As many as 13·24 per cent. of the infant deaths occurred under one week of age. In *Pakôkku* the successively high annual figures for infant mortality have stressed the necessity for an infant welfare organization, and in 1935 a society was formed. The committee hopes to employ a health visitor when one is available. In *Gyobingauk*, *Kamayut*, *Myitngè* and *Pyawbwè* there are no child welfare bodies and, until these are formed, it is difficult to expect any reduction in the lamentably high infant mortality rates which characterise these places.

The death rate of children under five years of age was 62·27 per thousand of the population of this age group. The deaths under one year of age account for 72·09 per cent. of this figure of 62·27.

47. Maternity Work.—In 1935 there were 34 midwives employed by 11 voluntary child welfare societies, and they attended 6,095 confinements, while 186 midwives employed by municipalities and district councils attended 19,447 confinements. In the towns of Burma 30·21 per cent. of the total births were attended by midwives employed by child welfare societies or local bodies, and the corresponding figure in rural areas was 2·73 per cent. A large number of midwives are engaged in private practice, but the figures of the cases attended by them are not available, nor are those of the cases attended by private medical practitioners. In the towns of Maymyo and Rangoon, 40·75 per cent. of births occurred in hospitals, 24·29 per cent. were attended in their homes by medical practitioners and trained midwives, 33·64 per cent. by untrained midwives and 1·32 per cent. had no attendant. Corresponding figures for other towns are not available for 1935. Steps have been taken to collect them for 1936 in those towns which have wholtime health officers.

After the close of the year the Rural Health Unit, Hlègu, started an experiment of employing midwives on a reduced pay, and permitting them to charge fees proportionate to the means of the patient. An official receipt is given for every fee that is charged. In adopting this scheme the Hlègu Rural Health Unit is following, in a rural area, the example set in an urban area by the Maternity and Infant Welfare Society, Mandalay, which charges reasonable fees for midwifery attendance. It is believed that the people do not resent paying a moderate charge. The giving of an official receipt by the Health Unit obviates any abuse. The Hlègu system is still at the experimental stage, but the reports are encouraging. If it is a success, it might be followed by the district councils in the province, as it will enable the local bodies to employ an appreciably increased number of midwives without increasing the expenditure.

The section of the Burma Midwives and Nurses Act prohibiting practice by untrained midwives is enforced in Maymyo town and in a limited area of Rangoon. The number of confinements by unqualified persons in Maymyo fell from 14·7 to 9·63 and in the "prohibited" area in Rangoon from 39·03 to 32·95 per cent.

48. Child Welfare Work.—With the exception of the maternity and child welfare scheme of the Rangoon Corporation, and the work of the Rural Health Unit, Hlègu, child welfare work in Burma is in the hands of voluntary child welfare societies. Although the relation of this Department with these societies is but an advisory one, it is satisfactory to note that, on the whole, a very creditable standard of work is maintained and that there is a steady increase in the quantity of work undertaken.

The total number of child welfare societies in Burma was 43. Of these, 21 societies conducted 23 child welfare centres throughout 1935. A further five centres were opened towards the end of the year. Eight societies employed trained health visitors, and nine employed a trained nurse or midwife for child welfare work; the remaining societies relied on the services of voluntary workers. Three new societies were formed during the year.

That the societies are anxious to develop their work on sound lines is shown by the fact that at the close of the year all the six newly qualified health visitors immediately found employment. One of the newly qualified health visitors, who had been sent for training by Hsipaw State, returned to Hsipaw to organize the work there. This is the first child welfare work to be started in the Northern Shan States, and it is hoped that it will have a far reaching effect, both in encouraging similar efforts in other states and in improving the work of the locally trained midwives.

The Burma Health School completed its first course of training in November, when eight students obtained their diplomas. Two of these candidates were nominees of the Rangoon Corporation, and the remaining six were Red Cross students, who have now been drafted to work with voluntary child welfare societies. Arrangements were made for the second course of training to commence in January 1936 with eleven students. The cost of the school was met by grants from the Local Government, the Maternity and Child Welfare Bureau of the Indian Red Cross Society, the Rangoon Corporation and the Burma Branch of the Red Cross. The last named body is to be congratulated on the success of its venture in establishing this school, and judging by the rapidity with which qualified health visitors are being employed and by the demand for admission to the school, its necessity and usefulness are beyond doubt.

The child welfare organization in the province was reviewed during the year by Dr. Ruth Young, M.B.E., W.M.S., Director of the Maternity and Child Welfare Bureau of the Indian Red Cross Society who visited Burma in November. Dr. Young's visit was primarily in connection with the final examination of the Health School, at which she acted as external examiner. Her report stated that the standard of teaching and the knowledge shown by the students were satisfactory. Dr. Young also inspected some of the child welfare centres in the province, and gave a favourable verdict on the organization and development of the work.

Miss Ross of the Burma Branch of the Indian Red Cross Society continued to work under the direction of the Director of Public Health as Adviser on Child Welfare and Superintendent of the Burma Health School. Twenty-five visits to sixteen societies were made by her. In this way cooperation is maintained between the school at which the

health visitors are trained and the voluntary societies which employ them. The following table gives figures of the year's work of the different child welfare centres which employed wholetime workers.

Serial Number. (1)	Place. (2)	Number employed. (3)	Number of centres main- tained. (4)	Centre attendances.				Home visiting.			Total. (12)
				Ante-natal. (5)	Infants and children (6)	Other visits. (7)	Total. (8)	Ante-natal. (9)	Infants and children. (10)	Other visits. (11)	
<i>(a) Trained Health Visitors.</i>											
1	Prome ...	1	1	230	2,502	146	2,878	195	4,094	188	4,477
2	Bassein ...	1	1	364	2,115	...	2,479	109	3,639	786	4,534
3	Taungdwin- gyi.	1	1	133	1,181	...	1,314	269	2,315	795	3,379
4	Mandalay ...	1	1	330	3,907	530	4,767	549	3,055	772	4,376
5	Yamèthin ...	1	1	352	1,123	74	1,549	583	2,087	603	3,273
6	Mônywa ...	1	1	33	2,530	...	2,563	60	5,151	3	5,214
7	Taunggyi ...	1	1	291	487	14	792	895	3,379	189	4,463
8	Kemmendine	1	1	809	3,748	...	4,557	1,632	9,956	...	* 11,588
9	Rangoon Cor- poration.	3	3	236	514	...	750	257	2,332	151	2,740
<i>(b) Nurses or Midwives (not trained as health visitors).</i>											
1	Pegu ...	1	1	34	1,239	...	1,273	...	3,744	...	3,744
2	Syriam ...	1	1	...	305	...	305	...	186	...	186
3	Moulmein ...	†1	2	825	770	4	1,599	1	...	796	797
4	Thayetmyo	1	1	17	656	...	673	260	7,352	...	7,612
5	Maymyo ...	1	2	387	4,267	...	4,654	435	5,283	20	5,738
6	Kyaukse ...	1	1	26	726	...	752	351	4,505	25	4,881
7	Meiktila ...	1	1	...	...	...	...	10	3,104	...	3,114
8	Bhamo ...	1	1	45	66	...	111	275	619	327	1,221
9	Sagaing ...	1	1	218	493	...	711	103	165	2	270
10	Rangoon Cor- poration.	11	1	2,117	6,014	...	8,131	5,245	42,267	6,132	53,644
11	Hlègu ...	1	2	291	1,480	...	1,771	1,122	2,560	...	3,682

* Includes visits made by Burma Health School students.

† Employs a woman doctor as supervisor of clinics and midwives.

The following is a summary of the activities of the various child welfare societies in the province :—

RANGOON.—The Baby Welcome Committee of the National Council of Women in Burma has developed its work in Kemmendine considerably. By cooperation with the Burma Health School, the Baby Welcome centre and the area in which it operates are available for the practical training of the Burma Health School students. The work of the school staff and students has been of undoubted benefit to this centre, and the centre attendances show an increase from 3,652 in 1934

to 4,557 in 1935. The prenatal attendances at the centre are particularly gratifying, as 79 per cent. of the mothers confined in the Baby Welcome area attended for prenatal examination and advice. The Committee employed a midwife from March onwards, by means of a special grant given by the Rangoon Corporation for this purpose.

The Maternity and Infant Welfare Society, Rangoon, reports that there were 1,690 prenatal attendances during the year at the four maternity shelters conducted by that Society.

MANDALAY.—The Maternity and Infant Welfare Society maintains a high standard of work. A second health visitor is to be employed, and an additional child welfare centre will then be started in a new area of the town. A total of 1,110 confinements were attended by the eight midwives who are employed by the Society and who work under the midwifery superintendent.

MAYMYO.—The Society for the Promotion of Public Health continued to conduct its two child welfare centres with the services of a nurse. A trained health visitor became available at the close of the year. The Society intends retaining the services of the nurse, and each worker will then be carrying out her duties in a suitably sized area. Two midwives, the expenses of whose employment is met by a grant from the municipality, work under the supervision of the health visitor. This Society has been fortunate in being presented with a building for its second centre, and both centres are now the property of the Society.

BASSEIN.—The Infant Welfare Society employs a health visitor who, in addition to her centre work, supervises four midwives. There are signs of very satisfactory development in the work here. The centre attendances, particularly those of prenatal cases, have grown. The increase of 22 per cent. in the number of cases attended by the midwives demonstrates the value of the supervision of midwives' work.

MÔNYWA.—The Child Welfare Society employs a health visitor and conducts a child welfare centre. There were no special developments during the year. The amount of prenatal work undertaken should be increased. It is discouraging to this Society that the Mônywa Municipality gives a most inadequate grant towards its work.

PROME.—The Child Welfare Society's work continued to develop well, notwithstanding the disadvantage of the health visitor being absent on leave for some months, during which time an untrained worker had to take her place.

TAUNGDWINGYI.—The work of the Maternity and Child Welfare Society develops steadily. The health visitor completed her second year and has got her work thoroughly well established.

YAMÈTHIN.—The Child Welfare Society has a progressive committee and the work both in the centre and in the homes is well

organized. This Society has been presented with its own building by a generous donor, while another public spirited citizen defrayed the cost of repairs and alterations.

TAUNGGYI.—The work of the Health Centre shows signs of development. The centre attendances are still small, but there is a good increase in the amount of home visiting. The Committee is handicapped in its work by lack of income from local sources.

The societies at Pyinmana, Toungoo, Thatôn and the Maternity Home Committee at Hsipaw employed qualified health visitors from December 1935 and are opening child welfare centres.

HLÈGU TOWNSHIP.—The Rural Health Unit employs a nurse to conduct its two child welfare centres at Hlègu and Dabein. The number of confinements attended by the two midwives was 413.

THAYETMYO.—The Society for Promotion of Public Health employs a midwife to conduct the child welfare centre. The work here is not developing and a trained health visitor should be employed.

KYAUKSÈ.—The Society here employs a midwife to conduct a centre and is planning to build its own centre.

MOULMEIN.—This Society opened a second child welfare centre during the year ; the attendances are increasing, the number of prenatal cases attending being particularly satisfactory. A woman doctor is in charge of the centre and also supervises the work of the four midwives. The midwives attended 932 cases during the year.

PEGU.—A midwife is employed here to conduct a centre and do home visiting.

The Societies at Akyab, Syriam, Sagaing and Bhamo employed a nurse or midwife to conduct a child welfare centre and do home visiting.

The Societies at Thôngwa, Kyaiklat, Maubin, Bogale, Dedaye, Mergui, Minbu, Magwe, Meiktila, Katha and Myinmu either did some child welfare work on a lesser scale or limited their activities to maternity work.

New societies were formed at Pakôkku, Thazi and in the Military Police lines at Pyawbwè.

Reports were not received from the societies at Kawkareik, Henzada, Shwebo and Pyapôn. The societies at Sandoway, Einmè and Tavoy did not function.

CHAPTER IX.

School Hygiene and Medical Inspection of School Children.

49. School Medical Inspection.—The Government contribution to the "Scheme for the Improvement of School Hygiene and the Systematic Medical care of School Children" was held in abeyance

during 1935 owing to financial stringency. That was the fourth year in which the grant was not given, and the diminution in the number of schools having an arrangement for medical inspection continued. As a result, only 17 schools submitted a report at the end of the year, compared with 29 in the previous year and compared with 176 in 1931 which was the last year in which the Government grant was available.

Of the 17 schools, 10 were boarding schools and 7 day schools. Two were English schools and the remainder were Anglo-vernacular. The total number of pupils on the rolls was 4,522 of whom 4,405 or 97.41 per cent. were examined by medical officers. Of the pupils examined, 59.18 per cent. were protected against smallpox by primary vaccination, 36.96 per cent. by revaccination and 1.98 per cent. by a previous attack of smallpox, while 1.88 per cent. were unprotected.

The most common defects noted at the medical inspections were defective teeth 20.95 per cent., enlarged tonsils 13.44 per cent., defective vision 5.27 per cent., trachoma 3.52 per cent., anaemia 3.34 per cent., nasal obstruction 2.25 per cent. and skin diseases 2.18 per cent.

Now that there are signs of a recovery in prosperity, it is to be hoped that the school medical inspection grant will be revived. Of the various health activities in the province, school medical inspection has probably suffered most through retrenchment. Whether the scheme, when renewed, will take the same form as previously whereby it was confined to English and Anglo-vernacular schools is a matter for consideration. Under the old scheme, each school appointed its own medical officer, the appointment being approved by either the Director of Public Instruction or by the Inspector of Schools. A large number of doctors were therefore engaged. That arrangement had its drawbacks. School medical inspection is a specialised form of work, and it is likely that a higher and more homogeneous standard would be achieved by spreading the work over a smaller number of doctors, who would endeavour to make themselves specialists on the subject.

Most of the reports received refer to the apathy of the parents in the matter of carrying out the recommendations made by the school medical officers. This is partly due to lack of education on the part of the parents, but at the same time in more advanced countries an integral part of a successful school medical inspection scheme is the provision of a staff, paid or otherwise, who will follow up the cases of the children in their homes and persuade the parents to take the necessary steps towards rectifying the defects noticed. This will have to be borne in mind when the school medical inspection scheme is revived.

Satisfactory measures against epidemic diseases were taken in some of the schools. For example, in the Government High School, the A.B.M. Karen School and the National Girls' School, Tavoy, all the students were inoculated against cholera when that disease broke out in

epidemic form in that town. The staff and children of St. Joseph's Convent High School, Toungoo, were inoculated with antiplague vaccine when the disease appeared in that place. In Mandalay, the boarders and day scholars in the Wesley Boys' High School were given antiplague inoculation, and similar steps were taken with some of the children in the R.C.M. Anglo-Vernacular High School, Thônzè. In Taunggyi the children of the St. Anne's English High School were given T.A.B. inoculation as a precaution against enteric.

CHAPTER X.

Health Propaganda.

50. Health Education.—In recent years there has been a marked development in this form of health activity. In 1935, there was a further appreciable increase in the amount of lecturing work. An encouraging sign was the many demands received from local bodies, public institutions and voluntary welfare organisations for literature on health subjects, for the loan of the Red Cross Society's health exhibits and for the services of the Hygiene Publicity Officer. Whereas a few years ago it was necessary to frame tours for the Hygiene Publicity Officer in those areas where it was thought he might get a response, his experience in 1935 was that he found it impossible to comply with all the requests from various places for visits and lectures on health subjects.

RURAL.—The public health staff in rural areas gave 9,337 (5,933)* lectures or health talks, 250 (175) magic lantern and 4 (9) cinema demonstrations to audiences estimated at 733,120 (362,865). In addition, 109,407 (88,531) copies of health publications on various subjects were distributed. The corresponding figures for 1934 are given in brackets. The districts of Bassein, Hanthawaddy, Maubin, Meiktila, Pegu, Katha, Chin Hills, Insein, Myaungmya, Akyab, Pyapôn, Mandalay, Myingyan, Tharrawaddy and Mergui deserve special mention for the large number of lectures delivered.

URBAN.—The urban health staff delivered 1,139 (653) lectures or health talks and 152 (38) lantern demonstrations to audiences estimated at 125,300 (58,646). A total of 183,650 (109,681) health publications were distributed in these towns. Good lecturing work was reported from the towns of Mandalay, Sandoway, Prome, Tavoy, Minbu, Sagaing, Pakôkku, Kyauksè, Akyab, Kyaikto and Mergui.

51. Hygiene Publicity Bureau.—The post of the Hygiene Publicity Officer was kept vacant owing to financial stringency, but subassistant surgeon U Tha Saing continued to carry out very effective health propaganda work. He visited 16 towns and 52 villages. During his visits, he gave 46 ordinary lectures, 52 lantern lectures and 78 cinema demonstrations on health subjects to audiences estimated at

* Figures in brackets refer to the previous year.

50,385. The demonstrations were supplemented by the distribution of 20,208 copies of health publications on various subjects.

He conducted intensive propaganda in the epidemic areas of Meiktila, Amherst and Maubin districts. In Meiktila his lecturing work was directed towards plague prevention, while at Amherst and Maubin districts he was very successful in popularising inoculation against cholera. He attended the two health week exhibitions held during the year in Rangoon, and acted as the convenor of the publicity and health play subcommittee. For health propaganda purposes he visited 11 schools and attended combined health exhibitions and baby shows which were held at Kyauksè, Thakhutpin in Hanthawaddy district, Taungdwingyi, Pyapôn, Paungdè, Nattalin and Magwe. At Taungdwingyi and at Magwe the exhibitions were held in conjunction with pagoda festivals, while at Paungdè and Nattalin advantage was taken of the occasion when large numbers of people came together for the Silver Jubilee celebrations. These health exhibitions outside Rangoon are being encouraged as much as possible, and the Burma Red Cross gives invaluable help by lending the portable health exhibits which have been prepared by the Society's workers. The services of U Tha Saing were lent for health propaganda work to the A.B.M. Conference at Ingyaw in Toungoo district, to the International Cooperators' Conference in Rangoon, to the Agricultural Conference at Thakhutpin in Hanthawaddy district and to the rural uplift camps organized by Judson College at Shwepyì and Mingaladon and by the Rangoon Rural Reconstruction League at Kalonkwin, Saththadaw and Htaukkyan villages in Insein district.

An additional copy of the Rockefeller Foundation malaria film, in which Burmese captions were inserted locally, was added to the library of films kept by the Bureau.

A total of 567,679 leaflets, cards, specimen lectures, hand-bills and posters were issued by the Publicity Bureau. Two new pamphlets were added. One, entitled "*Metkalaung*", is intended to counteract the erroneous idea which is being spread by *se-sayas* (practitioners in Burmese medicine) to the effect that this is a new disease. The truth is that most of the so-called "*Metkalaung*" cases are malaria. The second pamphlet deals with the prevention and treatment of snakebite and was distributed in those districts where poisonous snakes are prevalent. Six leaflets and two cards were revised, dealing with the following subjects, *viz.* anticholera inoculation, flies, mosquitoes and malaria, vaccination versus inoculation, personal hygiene, beri-beri, cholera and smallpox.

52. Red Cross Society and Rangoon Health Week.—

Under the auspices of the Burma Branch of the Indian Red Cross Society, two Rangoon health weeks and exhibitions were held, one from the 14th to the 20th January and the other from the 9th to the

15th December. The usual date for this popular public function is January, but it was represented that holding it in that month was likely to interfere with the children's preparation for their school examinations which are held in March. The school children contribute each year in an increasing way to the success of the week and the exhibition, and it was therefore decided to put forward to December 1935 the exhibition and week which would ordinarily have been held in 1936. The Hon'ble Dr. Ba Maw, M.A., Ph.D., D. Litt, *Bar.-at-Law*, Minister for Public Health, opened the 12th exhibition held in January, and U Kyaw Zan, C.I.E., Mayor of Rangoon, opened the 13th exhibition held in December.

The voluntary workers, who take so much trouble and who give up so much of their leisure time, have now had considerable experience in organizing this function. It is most encouraging to all who are connected with public health work in Burma to be able to record that the Royal Sanitary Institute, London, awarded to the Burma Red Cross in 1935 the Bostock Hill Memorial Shield which is awarded each year for the best health week in the Empire countries outside the British Isles. In their report the adjudicators state "The displays illustrating the methods of the spread of various tropical diseases and the means for their control and prevention were of a very high quality, and they form a model for health propaganda work." It is satisfactory to know that the Red Cross workers engaged in health propaganda in the premier city of the province have evolved their work on lines which are acknowledged by the highest authorities to be correct.

As in previous years, the exhibition was divided into sections. In the "women and children's section" the Dufferin Hospital and the Baby Welcome Child Welfare Centre, Kemmendine, illustrated the activities carried out in these institutions. There was also a dental hygiene section, a malaria section and a plague section. A new feature introduced in the January exhibition was a "Safety First" stall which contained models and posters dealing with preventable accidents and fatalities which occur in the street, in the factory and in the home. Another new and very attractive exhibit was that dealing with the production of clean milk. It showed a model cowstall and a milk room, while on the other hand a series of excellent photographs demonstrated the insanitary surroundings in which a large proportion of the milk supply of Rangoon is produced. Each day of the exhibition physical training displays were given by school children.

The health plays competition amongst the schools created great interest and is undoubtedly a first class means of health propaganda for the children. As in the previous year, each school produced its own play, and the vivid way in which a public health lesson was presented by child actors, possessing the native sense of drama which characterises the Burman, left a lasting impression.

In addition to the exhibition, lectures together with magic lanterns and cinema demonstrations on health subjects, were given in various parts of Rangoon by private practitioners. Leaflets and other literature dealing with health subjects were freely distributed, while the local press cooperated enthusiastically by writing editorials and by focussing the attention of the public on health topics during the week.

Altogether the promoters of the exhibition and the week are to be heartily congratulated.

The expenses in connection with the exhibition are defrayed by an annual grant of Rs. 5,000 from the Rangoon Corporation, and that body deserves the best thanks of the public for its wise generosity.

53. Public Health Essays and Posters.—Competitions amongst the schools for the best health essays and posters were held in connection with the health week and exhibition. All schools, English, Anglo-vernacular and Vernacular, were included. The growing popularity of these competitions is shown by the increasing number of schools taking part. The figures for the last four competitions are as follows :—

1933	...	...	81
1934	...	...	244
1935 (January)	...	...	415
1935 (December)	...	...	510

The essay chosen for the January competition was entitled "The causes of plague and the most effective ways in which it can be prevented," while that for the December exhibition was on "Cholera."

The poster competition resulted in 153 entries in January and 159 in December. All the posters were on view to the public and attracted a number of visitors.

Certificates and books were awarded to the successful children in 1935 instead of cash prizes as in previous years. The prizes were presented at the opening ceremony.

CHAPTER XI.

Public Health Administration.

54. District Health Officers and Assistant District Health Officers.—Wholetime District Health Officers were employed, as in the previous year, in Akyab, Myaungmya and Pyapôn districts. U Maung Gale, B.A., M.B., D.P.H., and Saw Kya Zit, M.B., D.P.H., continued as District Health Officers in Myaungmya and Pyapôn districts respectively. U Tha Gyaw, B.Sc., M.B., D.P.H., District Health Officer, Akyab, proceeded on four months' leave from the 8th November and the Civil Surgeon, Akyab, carried on the health administration of the district in addition to his own duties.

The number of Assistant District Health Officers sanctioned for this Department is five. Mr. M. Chit Tway, M.B., B.S., D.P.H., was

Assistant District Health Officer, Mandalay, throughout the year. U Lat, M.B., B.S., D.P.H., returned to duty after successfully undergoing the course for the Diploma in Public Health at Calcutta and was appointed as Health Officer, Maymyo Municipality, from November 1935 in place of Mr. Ah Shoung, M.M.F., D.P.H., who proceeded on leave. U Maung U, M.B., B.S., was posted to Mergui and Thayetmyo districts before he proceeded on a year's leave from the 5th October in order to do the course for the Diploma of Public Health in Calcutta. U Mra Tha, L.M. & S., D.P.H., was employed as Assistant District Health Officer in Bassein, Pyapôn and Maubin districts, mainly on cholera duty. Unfortunately in the last named district he fell ill and died on the 10th July. By his death this Department lost a promising health officer, who had earned the respect and affection of his colleagues.

55. Urban Health Officers.—These are dealt with in the chapter on urban sanitation.

56. Cadre of Subassistant Surgeons.—The number of sanctioned posts in this cadre was 22, of which 3 were ordered to be kept vacant as a measure of economy. However, the cholera outbreak in the year under review made it necessary to increase the number employed, and a total of 27 subassistant surgeons was engaged practically throughout the whole of the year.

This cadre of subassistant surgeons put in a strenuous and effective year's work. Transfers from district to district were frequent and unavoidable owing to the changing epidemic situation. The bulk of anticholera and antiplague inoculations in the rural areas are performed by this cadre and, when an epidemic subsides, they carry out health propaganda work in the villages, check vital statistics and vaccination work, inspect vernacular schools and advise generally in the rural areas on measures necessary for the improvement of general sanitation in the villages. During the year 1935 the subassistant surgeons performed 311,256 inoculations, checked 105,625 birth and death entries and verified 20,271 vaccinations.

57. Public Health Inspectors.—The Public health inspectors training class was held in abeyance during the year as there were still a number of unemployed qualified public health inspectors available. The position changed rather rapidly towards the end of the year and by December most of the unemployed inspectors had found posts, as the local bodies were able to find the funds necessary to employ them. As a result, it was necessary to obtain the permission of Government to reopen the class in 1936 in order to provide a sufficient number of qualified inspectors for future vacancies. The total number of public health inspectors employed in the province was 188, of whom 63 were in rural and 125 in urban areas.

CHAPTER XII.

Vaccination.

(This Chapter refers to the official year 1935-36.)

(The figures in brackets are the corresponding figures for 1934-35.)

58. **Establishment.**—The following table shows the strength of the vaccination staff employed in the province during the year 1935-36 compared with that of the two preceding years :—

Vaccination Staff.

Year.	Province or State.	District Superintendents of vaccination.	Part-time Super- vising officers.		Inspection of vaccination.	Head vaccinators.	Vaccinators.
			Sub-assistant surgeons.	Public health inspectors.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1933-34	Burma ...	38	30	68	30	...	352
	Shan States ...	2	...	1	1	3	43
1934-35	Burma ...	38	28	70	26	...	349
	Shan States ...	2	...	2	...	3	43
1935-36	Burma ...	38	26	86	25	...	350
	Shan States ...	2	...	2	...	3	42

BURMA.—During the year 1935-36, 350 (349) vaccinators were employed. Supervision was exercised by 25 (26) inspectors of vaccination, 86 (70) public health inspectors, 26 (28) hospital subassistant surgeons, 38 district superintendents of vaccination and 16 municipal health officers. The assistant district health officers and epidemic sub-assistant surgeons of the Public Health Department also investigated the results of vaccination during the course of their tours.

In order to cope with smallpox epidemics, 26 (46) temporary vaccinators were entertained for various periods—12 in Rangoon, 3 in Toungoo and 1 in Pakôkku towns; 3 in Shwebo district, 2 each in Mandalay, Minbu and Pakôkku districts, 1 in Magwe district. Two temporary vaccinators were also entertained in the Lower Chindwin district in order to cope with arrears of work in the Budalin township.

FEDERATED SHAN STATES.—The services of the Kalaw town vaccinator were dispensed with and the public health inspector of the town performed vaccinations in addition to his own duties. Otherwise the staff remained unchanged.

59. **Operations Performed.**—

BURMA.—A total of 1,543,044 (1,527,027) persons was vaccinated during the year. Of these, 1,049,974 (990,441) were vaccinated by regular vaccinators in rural areas, 260,969 (312,966) by regular

vaccinators in urban areas, 1,558 (2,858) by military authorities in cantonment areas, 3,602 (1,632) by railway dispensary staff, 2,524 (1,699) by Government dispensary staff, 1,349 (6,778) by private medical practitioners, 40,818 (39,965) in jails and 182,250 (170,688) in ports.

Rural Vaccination.—Of the 1,052,126 (992,748) operations performed in the rural area by regular vaccinators, 543,984 (561,773) were primary and 508,142 (430,975) revaccinations. Vaccination Statement I (a).

Of the primary operations, 498,905 (500,389) were successful while the results of 34,959 (37,329) were left unverified. The percentage of success in verified cases was 98·01 (95·41) per cent. From the rural districts of Pegu, Pyapôn and Bhamo 100 per cent. success rates are reported. Success rates over 99 per cent. are reported from the rural districts of Maubin 99·97, Tharrawaddy 99·92, Kyauksè 99·79, Henzada 99·55, Toungoo 99·44, Katha 99·41, Prome 99·39, Magwe 99·30, Lower Chindwin 99·29, Myaungmya 99·27. None of the rural districts reports a rate less than 90 per cent. Of the total of 498,905 primary successful operations, 137,830 (135,466) were on infants under one year of age, 275,636 (280,176) on children of one to six years.

Of the 508,142 (430,975) revaccinations, 153,287 (112,493) were successful, while the results of 95,112 (83,060) are reported as "unknown." The percentage of success in known cases was 37·11 (32·33) per cent.

The number of persons known to be successfully vaccinated and revaccinated per thousand of population in rural areas was 55·88 (52·51).

Urban Vaccination.—In the urban areas, excluding cantonments, 261,108 (313,203) operations were performed by regular vaccinators. Of these, 53,532 (56,221) were primary and 207,576 (256,982) revaccinations. Of the primary, 48,657 (52,335) were successful, while the results of 3,980, (2,569) remained unverified. The success rate in verified cases was therefore 98·19 (97·55) per cent. Thirty-two towns report 100 per cent. successes, 41 towns report successes between 90 and 100 per cent., while 1 town report a success rate below 90 per cent. Of the 48,657 successful vaccinations, 34,822 (35,864) were on infants under one year of age and 11,752 (13,368) on children of one to six years. The number of births recorded in urban areas was 48,252 (46,181) and deaths under one year totalled 12,318 (12,571). The number of survivors, according to these records, was therefore 35,934 (33,610). The 34,822 infants under one year successfully vaccinated show a shortage of 1,112 (excess 2,254). Vaccination Statement B.

Of the 207,576 revaccinations, 59,166 (59,089) were successful, while the results of 56,119 (59,978) were not inspected. The percentage of success in verified cases was 39·06 (29·99) per cent. High success rates are reported from Minbya, Moulmein, Tavoy, Thayetmyo, Nyaung-U and Bhamo; rates below 10 per cent. from Henzada, Wakèma, Allanmyo and Myitnge. Vaccination Statement J (b).

The number of persons successfully vaccinated per thousand of population in towns was 76·63 (79·19).

Vaccination
Statement I
(c).

Military Cantonments.—In the four cantonments of Rangoon, Mingaladon, Mandalay and Maymyo, 1,558 (2,908) operations were carried out, *viz.*, 697 (609) primary and 861 (2,299) revaccinations. All the 697 primary cases were verified and 98·13 (91·46) per cent. were successful. Of the 808 (2,174) verified revaccinations, 293 (985) or 36·26 (45·31) per cent. were successful.

Vaccination
Statement I
(c).

Railway Dispensary Staff.—These performed 3,602 (1,632) operations, of which 661 (646) were primary and 2,941 (986) revaccinations. Of the primary, 613 (360) were successful, 45 (270) being unverified. The success rate in verified cases was therefore 99·51 (95·74) per cent. Of the revaccinations, 1,361 (598) were successful, 521 (345) being uninspected. The success rate in inspected cases was therefore 56·24 per cent.

Vaccination
Statement I
(c).

Government Dispensary Staff.—These performed 2,524 (1,699) operations, of which 1,403 (831) were primary and 1,121 (868) revaccinations. Of the primary, 497 (197) were successful, 886 (634) being unverified. The success rate in verified primary cases was therefore 96·13 (100) per cent. The success rate in verified revaccinations was 35·87 (55·24) per cent.

Vaccination
Statement I
(c).

Private Medical Practitioners.—They carried out a total of 1,349 (6,778) operations. Of the 198 (1,369) primary operations, 184 (1,107) were successful and of the 1,151 (5,409) revaccinations, 248 (504) were successful—the number of unverified cases being 12 (243) in primary and 500 (4,110) in revaccinations. The success rate in verified cases was 98·92 (98·31) per cent. in primary and 38·10 (38·86) per cent. in revaccinations.

Jails.—Of the 40,818 (39,965) operations performed in the jails in Burma, 2,149 (2,160) were primary and 38,669 (37,805) revaccinations. Of the primary cases, 84·04 (87·82) per cent. were successful and of the revaccinations, 30·14 (29·97) per cent. were successful.

Ports.—A total of 182,250 (170,688) operations was performed at the ports of Rangoon and Akyab on immigrants by sea, of which 3,610 (2,769) were primary and 178,640 (167,919) revaccinations. The results of these operations could not be verified as the immigrants are allowed to proceed to their destinations immediately after vaccination.

FEDERATED SHAN STATES.—A total of 54,477 (56,976) primary operations and 20,727 (20,181) revaccinations was performed in the rural areas of the Federated Shan States. Of the verified primary cases 96·54 (98·20) per cent. were successful; the corresponding figure for revaccinations is reported as 75·30 (54·77) per cent. which figure is open to doubt. In the three towns of Lashio, Taunggyi and Kalaw, 782 (833) primary and 3,723 (635) revaccinations were performed. The

success rate in primary cases was 96·71 (98·17) per cent. and in revaccinations 47·36 (27·92) per cent.

60. Verification Work of Inspecting Officers.

BURMA.—Of the total of 1,319,976 (1,316,374) persons vaccinated and revaccinated, excluding jails and ports, in Burma, 115,349 (103,823) persons, or 8·74 (7·89) per cent. were inspected by district and municipal health officers.

Inspectors of vaccination, public health inspectors, subassistant surgeons and medical registrars inspected 60·69 (56·51) per cent. of the primary vaccinations and 49·10 (46·55) per cent. of the revaccinations.

FEDERATED SHAN STATES.—The two public health inspectors and the three head vaccinators inspected 68·49 (78·42) per cent. of the primary vaccinations and 44·52 (56·91) per cent. of the revaccinations.

61. Vaccine Depot, Meiktila.—The seed lymph used in the manufacture of vaccine lymph was rejuvenated by passing through the modified Nijland cycle. A total of 22,788 (22,564) grammes of lymph, equalling 2,270,790 (2,230,446) doses, was manufactured during the year. A total of 17,500 (18,709) grammes, or 1,743,849 (1,849,380) doses, of lymph was issued. Before issue, the lymph was subjected to animal tests for bacteria and to Calmette-Guerin's international potency tests on rabbits. The lymph before issue had to give 100 per cent. success without undue inflammation. The success rate, reported to the Depôt, in primary cases was 98·40 (96·10) per cent. and in revaccination cases was 44·40 (36·60) per cent.

Altogether 27 (126) cow-calves and 38 (20) buffalo-calves were vaccinated. The average yield per cow-calf was 75·78 (108·05) grammes. The 27 cow-calves were chiefly used for the passage of seed lymph; hence the decrease in the average yield. The average yield per buffalo-calf on the other hand increased from 447·50 to 545·84 grammes. The Malayan method of vaccination was adopted throughout the year.

The maintenance expenditure of the depôt was Rs. 31,592-8-6 (Rs. 29,962-13-3) and the total net income was Rs. 56,251-2-0 (Rs. 60,571-15-0) including Rs. 3,255-4-0 balance of the sale proceeds of vaccine lymph outstanding on the 31st March 1935, and excluding Rs. 9,455-7-0 balance of this year's sale proceeds of lymph outstanding on the 31st March 1936. The excess of income over expenditure is therefore, after adjustment, Rs. 30,858-12-6. This does not include the value of vaccine lymph amounting to Rs. 2,638-7-0 which was supplied free to Government institutions.

Vaccination
Statement
IV.

Vaccination
Statement
III.

The vaccination training class was held in abeyance during the year.

62. Cost of the Vaccination Department.

BURMA.—The total cost of the department was Rs. 4,29,278-3-0 (Rs. 4,33,634-4-6). The average cost of each successful case was Re. 0-9-0 (Re. 0-9-7).

Vaccination
Statement I,
Columns 20
and 22.

Summary of
Statement 1.

If, however, the sum of Rs. 52,735-13-0 credited to Government on account of the sale of vaccine lymph, be deducted from the total expenditure of Rs. 4,29,278-3-0, the net cost of the department is reduced to Rs. 3,76,542-6-0 (Rs. 3,76,365-3-6). The average cost of each successful case is therefore reduced to Re. 0-7-11 (Re. 0-8-4).

High rates of average cost are reported from the following places :—
Districts : Arakan Hill Tracts Rs. 1-6-3, Mandalay Rs. 1-5-7 and Salween Rs. 1-0-1. *Towns* : Thamaing Rs. 4-6-5, Minhla Rs. 3-11-7, Rangoon Rs. 3-8-9, Maymyo, Rs. 3-7-5, Letpadan Rs. 3-3-5, Zigôn Rs. 2-9-8, Meiktila Rs. 2-8-11, Wakèma Rs. 2-7-9, Kamayut Rs. 2-7-0, Minbu Rs. 2-7-0 and Nyaung-U Rs. 2-2-8.

Vaccination
Statement 1,
Columns 20
and 22.

FEDERATED SHAN STATES.—The total cost of the vaccination department in the Federated Shan States was Rs. 32,819-5-4 (Rs. 34,739-0-6). The average cost of each successful case worked out at Re. 0-8-4 (Re. 0-9-8).

63. General Remarks.—In spite of a decrease in the incidence of smallpox, the year's work shows an increase of 16,017 persons vaccinated over the previous year's record figure. Rural vaccinators were more active than their urban compeers. Their work shows an increase of 59,533 persons vaccinated compared with a fall of 51,997 persons vaccinated by urban vaccinators. Port vaccinations show an increase of 11,562, due to the greater number of immigrants 272,658 (255,152).

There were a number of prosecutions for refusal to submit to vaccination in Rangoon and in the districts of Hanthawaddy, Myaungmya, Thatôn, Mergui, Minbu and Lower Chindwin. The practice of illegal inoculation was reported from Bassein, Thatôn and Toungoo districts. Two *se-sayas* (practitioners in Burmese medicine) and one villager were fined in Toungoo district. Court proceedings were still pending at the end of the year in the Bassein and Thatôn cases.

The compulsory revaccination law was introduced in three more towns, thus increasing the number to 48. Twentyone (20) district councils have now introduced rules for compulsory revaccination. Eighty per cent. of the 249 smallpox cases in Meiktila district were reported to be among adults and this indicates the necessity for enforcing the compulsory revaccination rules.

Among the medical heresies preached by the *se-sayas* mainly in the rural areas, is the protection which they state to be afforded against smallpox by drinking the milk of a mare. In Meiktila district the theory was exploded in a dramatic manner, when a *se-saya* expounding and practising it contracted smallpox and died.

CHAPTER XIII.

Other Public Health Services.

64. Mines.—The report of the Medical Officer, Burma Corporation, Limited, Namtu, for the year 1935 and a summary of the health.

conditions in mines and quarries are published as Appendix C (Page 65).

65. Harcourt Butler Institute of Public Health.—This Institute had a very successful year. Its work increased in size and in importance, in view of which the Local Government has agreed that its report should be printed separately.

66. Burma Ghee Adulteration Act.—During the year 79 samples were sent from Rangoon to the Chemical Examiner to the Government of Burma for analysis, of which 64 were reported to be genuine, 8 as slightly adulterated and 7 as heavily adulterated. The vendors of the eight slightly adulterated cases were let off with a warning. A conviction was obtained in four of the cases of gross adulteration. In Akyab three out of a total of five samples sent for analysis were found to be adulterated. The offenders were prosecuted and Rs. 65 were realized by way of fines.

67. Port Health Administration.

RANGOON.—A separate report for Rangoon is published as Appendix D (Page 72).

AKYAB.—The number of incoming vessels inspected was 312, of which 266 were from Indian and 46 from foreign ports. They carried 29,847 passengers and 26,658 crew. Vaccination of incoming passengers was done under the supervision of the Assistant Port Health Officer. The number of vaccinations performed was 22,492, of which 294 were primary and 22,198 revaccinations. Fortynine vessels sailed for ports beyond India carrying 14 deck passengers, 845 Asiatic and 351 European crew all of whom were inspected before departure.

KYAUKPYU.—No vessels from beyond India visited the port during the year. It is reported that 673 passengers arrived from and 535 proceeded to India by the 104 vessels that passed through Kyaukpyu on their way from Chittagong to Rangoon and back. Under the regulations in force neither the incoming nor the outgoing passengers were inspected.

BASSEIN.—Incoming vessels totalled 78 of which 50 were from Indian and 28 from foreign ports. They carried 5,178 crew and no passengers. Twentyeight vessels proceeding to ports beyond India were inspected, and the effects of 1,269 Asiatic and African members of crew were disinfected before their departure.

MOULMEIN.—The total number of incoming vessels during the year was 152, but no medical inspection was made of 89 of these as they had touched at some other port in Burma before arriving at Moulmein. The balance of 63 vessels were inspected on arrival and they are reported to have carried 2,024 crew. The number of outgoing vessels was 147. No medical inspection of the vessels was necessary as they proceeded either to Indian ports, or touched at some other port in Burma before proceeding to ports beyond India.

MERGUI.—During the year 52 vessels coming from and 52 vessels proceeding to Malayan ports were inspected by the Port Health Officer. The incoming vessels are reported to have carried 3,779 crew and 350 passengers and the outgoing vessels 3,780 crew and 655 passengers.

TAVOY.—Medical inspection was made of 104 passengers who arrived by the B.I.S.N. Co.'s steamers which call at the port on their way from Penang to Rangoon.

68. Expenditure on Public Health Services.—The total amount spent by all local authorities on public health services was Rs. 62,18,481 of which Rs. 54,39,960 were spent in towns and Rs. 7,78,521 in rural areas. The percentage of income expended by all local bodies on these services was 16·85, the figure for towns being 21·00 and for districts 7·08. Of the total income from all sources 2·71 per cent. was spent on construction and maintenance of water works, 0·88 per cent. on drainage and 7·33 per cent. on conservancy. More detailed information is given in Statement A (Pages 82 and 83).

69. Provincial Public Health Board.—The annual report from the Secretary of the Board is published as Appendix B (Page 64).

70. Inspections.—Inspections of the following places were carried out by the Director and Assistant Directors during the year :—

Sadoway, Gyobingauk, Bassein, Ngathaingyaung, Maubin, Yandoon, Danubyu, Pyapôn, Thatôn, Kyaikto, Tavoy, Mergui, Toungoo, Minbu, Pakôkku, Mandalay, Kyauksè, Meiktila, Myingyan, Yamèthin, Pyawbwe and Sagaing towns. Villages were visited in Insein, Bassein, Maubin, Pyapôn and Kyauksè districts.

Lieut.-Col. E. Cotter, I.M.S., attended the all-India conference of medical research workers at Calcutta in the first week of December.

CHAPTER XIV.

General Remarks.

71. Personal Proceedings and Office.—Lieut.-Col. E. Cotter, I.M.S., held charge of the Department during the year. Mr. K. T. Jungalwalla, L.M. & S., D.P.H., filled one post of Assistant Director of Public Health throughout the year and U San Hla Aung, M.B., Ch.B., D.P.H., occupied the other post of Assistant Director up to the 13th March when he proceeded on 13 months' leave and was relieved by Captain C. A. Bozman, I.M.S.

Rao Sahib V. Subrahmanyam, B.A., Office Superintendent, proceeded on leave preparatory to retirement after 29 years of faithful and distinguished service. Mr. S. C. Datta was appointed in his place.

RANGOON
29th August 1936.

E. COTTER, *Lieut.-Col., I.M.S.,*
Director of Public Health, Burma.

APPENDICES.

	PAGE
APPENDIX A.—Annual Report of the Superintending Engineer, Public Health Circle, Burma, for the year 1935	63
APPENDIX B.—Annual Report of the Provincial Public Health Board for the year 1935	64
APPENDIX C.—Health Conditions in Mines	65
APPENDIX D.—Annual Report of the Health Officer of the Port of Rangoon for the year 1935	72
STATEMENT A.—Showing Total Income from all sources and Expenditure on public health purposes during the financial year 1934-35	82
STATEMENT B.—Showing health services in Rural and Urban areas of Burma during 1935	84
STATEMENT C.—Showing Maternity and Child Welfare Centres, Health Visitors, and Trained Midwives in Burma during 1935	86

Vital Statistics Statements.

STATEMENT No. I.—Births	88
STATEMENT No. I (a).—Still-births	90
STATEMENT No. II.—Deaths	92
STATEMENT No. II (a).—Births and Deaths in Backward Areas	94
STATEMENT No. III-A.—Deaths by Months in Rural Areas	96
STATEMENT No. III-B.—Deaths by Months in Urban Areas	98
STATEMENT No. IV.—Deaths by Age periods in Districts	102
SUPPLEMENTARY STATEMENT No. IV.—Details of Deaths by Age periods under one year in Districts	104
STATEMENT No. IV-A.—Deaths by Age periods in Towns having a population of 10,000 and above	106
SUPPLEMENTARY STATEMENT No. IV-A.—Details of Deaths by Age periods under one year in Towns having a population of 10,000 and above	108
STATEMENT No. V.—Deaths by Classes	110
STATEMENT No. V-A.—Deaths according to Sex in the four main classes	112
STATEMENT No. VI-A.—Births and Deaths in Rural Areas	114
STATEMENT No. VI-B.—Births and Deaths in Urban Areas	116
STATEMENT VI-B (a).—Details of Deaths in Towns under certain specific causes	120
STATEMENT No. VII.—Deaths from Cholera	130
STATEMENT No. VIII.—Deaths from Small-pox	132
STATEMENT No. IX.—Deaths from Fevers	134
STATEMENT No. X.—Deaths from Dysentery and Diarrhoea	136
STATEMENT No. XI.—Deaths from Respiratory Diseases	138
STATEMENT No. XII.—Deaths from Plague	140

Vaccination Statements.

STATEMENT No. I (a).—Showing particulars of vaccination in Districts (excluding towns) of Burma during the year 1935-36	142
STATEMENT No. I (b).—Showing particulars of vaccination in the towns of Burma during the year 1935-36	150

	PAGE
STATEMENT No. I (c).—Showing particulars of vaccination in different areas of Burma and States during the year 1935-36	... 162
STATEMENT No. II.—Showing the number of persons primarily vaccinated and the number of those persons who were successfully vaccinated in the Province of Burma in each of the official years 1926-27 to 1935-36	... .. 168
STATEMENT No. III.—Showing receipts of the Vaccine Dépôt, Meiktila, during the year 1935-36	... .. 170
STATEMENT No. IV.—Showing expenditure of the Vaccine Dépôt, Meiktila, for the year 1935-36	... .. 172
VACCINATION : APPENDIX A.—Showing the ratio per 10,000 successfully vaccinated and the mortality from smallpox by quinquennial periods	... .. 174
VACCINATION : APPENDIX B.—Statistics relating to the number of children under one year of age in the towns available for vaccination and the number of successful operations performed on them	... .. 175
Vital Statistics Charts I to III and Map and Vaccination Charts I and II pasted at the end.	

APPENDIX A.

NARRATIVE PROGRESS REPORT OF PLANS AND ESTIMATES PREPARED AND WORKS CARRIED OUT BY THE SUPERINTENDING ENGINEER, RANGOON CIRCLE (S), BURMA, DURING THE YEAR 1935.

I.—WATER SUPPLY.

Minor improvements to the water supplies at Minhla, Thônzè, Nattalin, Magwe and Insein were made. Details were worked out for an infiltration gallery connected to the two existing surface wells at Thayetmyo. Estimates were prepared for minor improvements to the Nyaunglebin and Tharrawaddy jail water supply.

Revised schemes of water supply at Syriam, Bassein and Moulmein were examined and reported on. The estimate of the Moulmeingyun water supply scheme was amended in accordance with current rates.

The existing water supplies in Government buildings and institutions were maintained in a satisfactory condition and alterations were carried out to various installations at a cost of Rs. 8,970. The most important works were—

Providing a water supply to the old reformatory school, Insein, at a cost of Rs. 1,410 ; washout pipes from the swimming tank and new suction fire pump at Government House, Rangoon, at a cost of Rs. 2,374-3-0 ; an additional 6" diameter tube well at the Dufferin Hospital, Rangoon, at a cost of Rs. 3,694-8-0 ; a new tube well for the Anglo-Vernacular High School and the Civil Hospital, Insein, at a cost of Rs. 4,133.

Eighteen estimates aggregating Rs. 40,923 were prepared for improvements to water supply installations for Government and local bodies. The works estimated for were (a) reorganization of the Taungdwingyi water supply ; (b) sinking new tube wells at the Central Jail, Rangoon, Windermere Park and Dufferin Hospital ; (c) laying a gravity main from the Civil Police lines to the masonry reservoir at the Veterinary College, Insein ; (d) a separate storage tank at each flat of the Government clerks' quarters, 47th Street ; (e) water connection from 3" Corporation main at St. John's Road for an emergency supply at the Dufferin Hospital, Rangoon, and (f) water meters with bye-pass connections at the service main, C.I.D. Lines, Insein. Two alternative preliminary schemes amounting to Rs. 20,311 and Rs. 17,798 respectively for Insein civil station water supply were prepared.

II.—SANITARY INSTALLATION OF BUILDINGS, SEWERAGE AND SEWAGE DISPOSAL WORKS.

The following works were undertaken :—

(1) Sanitary installation and sewage disposal works were provided at the residential buildings of the Wireless Station, Mingaladon, at a cost of Rs. 11,521 ; (2) Improvements to the water supply and sanitary

installations were carried out at the Prome civil hospital at a cost of Rs. 24,088 ; (3) Trough lavatory basins were provided for four surgeons in the operation theatre room, General Hospital, Rangoon, at a cost of Rs. 1,313 ; (4) Worn out sanitary fittings, etc., were replaced by new ones at the Press Buildings, Rangoon, at a cost of Rs. 1,019 ; (5) Additional sanitary fittings were provided at Government House, Rangoon, at a cost of Rs. 475.

Estimates for the following works were prepared :—

(1) Hot water system, Prome Court, Rs. 3,744 ; (2) Sanitation, to new female ward, Civil Hospital, Maymyo, Rs. 2,100 ; (3) Water softening plant for the hot water supply at the Civil Hospital, Mandalay, Rs. 6,700 ; (4) Nightsoil disposal works at Central Jail, Rangoon, Rs. 7,526 ; (5) Thôngwa nightsoil disposal works Rs. 10,090 ; (6) Sanitary installation to the town chaplain's quarters, Pagoda Road, Rs. 1,025.

III.—BAZAARS.

Four estimates aggregating Rs. 48,151 for miscellaneous goods, meat, pork, fish and cloth bazaars at Shwegyin, Zigôn and Lemyethna were prepared.

Plans and estimates for new bazaar buildings, and additions and alterations received from various local bodies, were examined and reported on.

IV.—DRAINAGE SCHEMES.

Drainage schemes for Syriam, Pyinmana, Pyapôn, Insein and Maymyo received from the respective Municipalities were examined and reported on.

V.—BURMA UNDERGROUND WATER ACT, 1930.

Thirty-eight permanent and thirty-six temporary licenses for existing and new tube wells were granted in accordance with the Burma Underground Water Rules, 1932.

APPENDIX B.

ANNUAL REPORT ON THE PROVINCIAL PUBLIC HEALTH BOARD FOR THE YEAR 1935.

1. The Board remained in a state of suspended animation as during the previous year. As no funds were placed by Government at the disposal of the Board, no new sanitary engineering works were financed. The Board's past commitments having been already fully discharged, the allotment of Rs. 500 for unforeseen charges in the budget estimate for 1935-36 was surrendered.

2. There are a number of health projects administratively approved by the Board which have been waiting during the last few years to be

funded. An application was received during the year from the Prome Municipal Committee, for a grant of Rs. 3,35,333 being two-thirds of the estimated cost of its water-supply scheme ; but no hope could be held out to the Committee of Government's being able to find so large a sum.

3. The Yenangyaung water supply scheme, towards the cost of which the Board has made generous grants in the past, having proved a failure, proposals for obtaining water from a new source were considered and it was finally decided to allow the Municipal Committee to open negotiations with Messrs. The Burmah Oil Company for the supply of water to the town on contract.

4. The Moulmeingyun Municipal Committee also proposed to revive its water supply scheme during the year and applied for a grant of two-thirds of the cost of the scheme estimated to cost Rs. 2,30,970 (including Public Works Departmental charges) based on present day rates. The question of making a grant was however held in abeyance until the Committee was in a position to put forward definite and practical proposals for completing the projects and for meeting the additional expenditure and maintenance charges involved.

5. No other applications for financial assistance were received from municipal or town committees during the year. But in September 1935 Government instituted an enquiry into the question of alleviating the serious shortage of drinking water in certain rural areas. The enquiry was not however completed before the close of the year, as replies from some district councils were still outstanding.

In connection with the Akyab water supply scheme which was completed in 1934 administrative approval was accorded to the installation of the Venturi meter at a revised estimated cost of Rs. 9,511 as against the estimated cost of the scheme of Rs. 7,470 previously approved.

APPENDIX C.

SANITARY CONDITION IN MINES.

A.—BURMA CORPORATION, LIMITED, NAMTU.

DISEASES.

MALARIA.—	{ Number of cases	...	...	5,951
	{ Number of deaths	...	...	54

Case mortality was 0'91 per cent. which is the same figure as that for 1934.

Six of the patients admitted for treatment to the hospital showed quartan parasites in their blood. All these were imported cases. The patients had come from Lower Burma. Twenty-one patients showed benign tertian parasites. These persons had just arrived in this district

and were admitted to hospital on their arrival. Neither benign tertian malaria nor quartan malaria show any tendency to become endemic in this area.

There was a decrease in the incidence of malaria during the year as compared with 1934. Many of the cases were "relapses" due to the patients leaving the hospital before quinization was complete.

This year Atebrin Musonat was given intramuscularly in the hope that it would lessen the relapse rate.

Malaria Infections Treated during the year.

	Namtū.		Bawdwīn.		Tiger Camp.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1935.						
January ...	272	5	29	...	26	...
February ...	188	3	17	...	14	...
March ...	229	...	16	...	23	...
April ...	223	1	15	...	11	...
May ...	271	2	9	2	12	...
June ..	476	2	92	4	19	...
July ...	698	7	70	1	27	...
August ...	666	3	105	...	25	1
September ...	708	4	97	2	31	...
October ...	601	5	72	2	23	...
November ...	440	1	54	1	24	1
December ...	299	5	53	1	10	1
Total ...	5,071	38	635	13	245	3

The laboratory findings were as follows :—

	M.T.	B.T.	Quartan.	Mixed infection.	Total malaria.	Non-malaria.
1935.						
January ...	34	4	1	3	42	128
February ...	2	2	1	2	7	99
March ...	2	...	...	..	2	124
April ...	3	...	...	...	3	147
May ..	2	...	...	...	2	196
June ...	51	...	...	...	51	258
July ...	96	2	...	2	100	283
August ...	73	3	2	...	78	290
September ...	91	2	...	...	93	284
October ...	96	2	1	...	99	243
November ...	108	4	...	3	115	166
December ...	81	2	1	1	85	169
Total ...	639	21	6	11	677	2,387

The positive cases were 22·10 per cent. of the total cases seen.

Quinine was not given as a prophylactic during the malaria season as this disease did not assume epidemic proportion among the employees.

An anti-mosquito campaign is still being carried on in all the areas occupied by the Company. The control is mainly by oiling and draining. Duranta trees were planted as an experiment but this shrub will only grow slowly in this district.

LEAD POISONING.—

{	Number of cases	...	...	1
{	Number of deaths	...	...	Nil

During the annual routine examination of employees exposed to lead hazard, one casual labourer was found to be suffering from lead impregnation. He was treated and showed improvement, but as he was a bad risk he was given compensation and left the employ of this Company.

Lead absorption was detected in 130 workers. These employees were put under treatment and recovered rapidly. The "steady" employees do not seem to suffer from lead poisoning as frequently as the casual labourers, though exposed to lead hazard for longer periods. This may be due to an acquired toleration. On the other hand it may be because the steady employee is cleaner in person.

Stippling of the Blood.—The result of the microscopical examination of the blood of employees is shown in the following table:—

Sections.	Stippling.		Total number of employees examined.
	Positive.	Negative.	
Sinter Plant ...	60	425	485
Blast Furnaces ...	153	882	1,035
Refinery ...	64	484	548
Kettle Floor and Silver Room.	16	156	172
Miscellaneous ...	84	844	928
Copper Plant ...	20	510	530
Electric ...	5	89	94
Watchman ...	...	12	12
Central Time Office ...	...	21	21
Contractor's casual ...	35	611	646
Total ...	437	4,034	4,471

9.77 per cent. of employees exposed to lead hazard showed stippling.

Treatment.—Liver extract was used in cases of anaemia in those employees exposed to lead hazard. It was given intramuscularly. It is quick in action and no complaints of irritation of the part injected were made.

ENTERIC FEVER.—

{	Number of cases	...	...	55
{	Number of deaths	...	...	5

Case mortality ... 9.09 per cent.

There was a decrease in the incidence and death rate of this disease compared with 1934. The cases were sporadic and no seasonal

variation was observed. The Gurkha race seems more prone to this disease than any other of the races in this area.

The paratyphoid forms of the disease are more prevalent than true typhoid.

PNEUMONIA.—	{ Number of cases	...	...	92
	{ Number of deaths	...	...	29

Case mortality 31.52 per cent.

The coloured races seem to have less resistance to the pneumococcus than the white race. Nearly all the cases seem to develop cerebral trouble probably due to the invasion of the covering membranes of the brain. The infection runs a more toxic course than in the white man and does not remain localised in the lungs.

DIPHTHERIA.—	{ Number of cases	...	...	4
	{ Number of deaths	...	...	1

Two cases appeared in one family within a few days of each other. The other members (children) escaped infection. Protection was given to all contacts by prophylactic doses of anti-diphtheritic serum.

TUBERCULOSIS OF LUNGS.—	{ Number of cases	...	...	81
	{ Number of deaths	...	...	19

Case mortality 23.46 per cent.

Patients with tuberculosis are coming for treatment earlier in the disease than was formerly the case. This affords an opportunity to teach them elementary hygiene which may prevent the spread of the disease. Opium addicts are more prone to develop tuberculosis.

BLACKWATER FEVER.—	{ Number of cases	...	...	5
	{ Number of deaths	...	...	<i>Nil</i>

None of the patients admitted to the hospital came from the mosquito-controlled area.

Atebrin was given and seemed to be effective. Liver extract injected intramuscularly shortens the period of convalescence, and rapidly lowers the temperature that sometimes persists after the acute stage of the disease is over. One of the patients developed suppression of urine for 5 days but eventually recovered.

SEPTICAEMIA.—	{ Number of cases	...	...	10
	{ Number of deaths	...	...	2

These cases came from different localities and no common source of infection was traced. Usually these cases are treated in the homes as "fever" until the state of the patients becomes grave.

DYSENTERY.—	{ Number of cases	...	...	108
	{ Number of deaths	...	...	<i>Nil</i>

No case of bacillary dysentery was seen during the year. It is very seldom found in this district. All the above were infections with *Entamoeba histolytica* and cleared up quickly under treatment.

SMALLPOX.—	{ Number of cases	...	...	6
	{ Number of deaths	...	...	4

Four of the patients arrived in this district with smallpox. They had lately come from India and were vaccinated at the port of arrival. In one instance the vaccination vesicles were well developed. The two cases that recovered were persons from this area. In them the disease ran a mild course.

Vaccination against smallpox.—On the first appearance of smallpox all possible contacts were vaccinated or revaccinated.

The following vaccinations were done during the year :—

			<i>Employees.</i>	<i>Outsiders.</i>
Namtu	...	...	15	35
Bawdwin	...	...	2,732	1,201
Tiger Camp	...	...	646	310
Namyao	...	...	...	20

This area is now well protected by vaccination and revaccination against smallpox. Unless there is a large increase in the non-immunes which could only be caused by an influx of unprotected immigrants there is no danger of a severe epidemic of the disease.

CHOLERA.—No case of this disease occurred in this area during the period under review. The policy of the Burma Corporation, Limited, of giving anticholera prophylactic inoculation before engaging labourers who have been in contact with the Shan village is still maintained.

During April the annual routine prophylactic inoculation was carried out and the total number inoculated was 618 persons.

ANKYLOSTOMIASIS.—	{ Number of cases	...	59
	{ Number of deaths	...	<i>Nil.</i>

Patients admitted to hospital for other conditions were found to be harbouring hookworms and were treated for these intestinal parasites before discharge. The majority were newcomers from India.

NUTRITIONAL DISEASES.—

<i>Epidemic Dropsy.</i> —	{ Number of cases	...	2
	{ Number of deaths	...	1
<i>Pellagra.</i> —	{ Number of cases	...	1
	{ Number of deaths	...	1
<i>Beri-Beri.</i> —	{ Number of cases	...	10
	{ Number of deaths	...	<i>Nil.</i>

The diseases caused by lack of the essential food factors are becoming rarer in this area during the last few years. Formerly beri-beri patients were often found especially among newly arrived Chinese.

VENEREAL DISEASE.—The unqualified practitioner seems to treat most of the cases of venereal disease among the population as the hospital figures are too small for a large community which earns good wages. It is usually the cases that have become chronic or have “gone wrong” that apply for treatment though every facility is given.

MATERNITY AND CHILD WELFARE.—

Number of cases	{ Normal labour	...	...	161
	{ Abnormal labour	...	...	36
	Total	...	...	<u>197</u>
Number of deaths	...	...	...	3
Number of women attended hospital for pre-natal and post-natal treatment	...	...	...	121
Number of children treated in hospital	...	...	...	35

One of the deaths in childbirth occurred in a patient who was admitted suffering from eclampsia. One other was a case of difficult labour, brought in from a jungle village about six miles out where she had been in labour for some days. The third death was from puerperal sepsis occurring after miscarriage. The patient came from a village, 20 miles away, where she had been delivered by an unqualified midwife.

There is an increase in the popularity of this scheme as evidenced by the increase in the number of childbirth cases attended in hospital.

SANITATION OF THE AREA.—The latrine flies are decreasing in numbers. This is due to the construction of bucket latrines in place of the pit latrines. The few pit latrines remaining are treated with crude oil to prevent fly breeding. Bored-hole latrines were tried but are not a success owing to the lack of subsoil water and to the fact that rock is too close to the surface.

SANITARY CONDITION OF BAWDWIN MINE.—No disease appeared in epidemic form amongst the underground employees. The mine was in good sanitary condition during the year. For a short while during May there was a large number of flies in level 9. Breeding places were searched for but none were found. It is thought that the flies gained admission through the shaft. This invasion occurred during the hot weather.

Tropical chloride of lime was used as a disinfectant. It is effective and has reduced the number of cockroaches infesting the mine.

There was a plentiful supply of good drinking water in all the levels.

J. HUGHES, M.B., B.S., D.P.H.,
Chief Medical Officer.

B.—MERGUI DISTRICT.

The District Health Officer states that during the year he inspected only one mine, situated at Hton-bu-choung about 20 miles from Palauk village. It was run by a European company. The general health of the labourers was satisfactory. The foodstuffs were kept properly in a godown. Housing accommodation was sufficient and the buildings were well ventilated. Latrines were provided for the labourers and drinking water was obtained from a well set apart for the purpose. Suitable medicines and appliances were kept for use in urgent cases before proper medical aid could be obtained.

It is reported that no proper medical facilities were available in most of the mines in Palauk village-tract. In some a certain amount of medicines with a few dressings were maintained, the serious surgical and medical cases being sent to the hospital at Palaw. The opening of a travelling dispensary at the conjoint expense of the mines would be a great benefit to the labourers in the mines.

C.—TAVOY DISTRICT.

The District Health Officer states that except for a case of cholera in each of Bwabin and Widnes mines, there was no outbreak of epidemic disease. Prompt measures were taken regarding cholera and most of the people in the two mines were inoculated. Anticholera inoculations were also performed at Hermingyi, Kalonta, Kanbauk, Pyingyi and Heinze mines, owing to the occurrence of a few cases of cholera in the neighbouring villages. There were no attacks of either smallpox or plague. Most of the mining population were protected against smallpox.

The general health of the labourers was good. During the rains malaria was prevalent in most mines but not to any excessive extent.

The housing conditions in all the mines are stated by the District Health Officer to be excellent. A few mines had latrines on the bucket system and the nightsoil was suitably trenched. The others had pit system latrines. A piped water supply was available in all the bigger mines where the water was pure and the supply ample. A few mines had, however, surface wells. The underground workings at Hermingyi and Kalonta were provided with a current of pure air and plenty of ventilation.

No industrial diseases occurred in any of the mines and, apart from accidents and minor ailments, the only disease worth mentioning was malaria.

Two mines had small hospitals in charge of medical officers of the status of subassistant surgeons and three had hospitals in charge of a compounder. Other mines had first-aid dressings and medicines for minor ailments. All serious cases were sent to Tavoy.

D.—AMHERST DISTRICT.

The District Health Officer states that according to the list supplied by the Deputy Commissioner there were eight mines working during the year. As the District Health Officer was very busy dealing with epidemics in his district he could not inspect them. No epidemics were reported to him from the mining area.

E.—THATON DISTRICT.

The District Health Officer states that there were seven quarries and three wolfram mines in the district, according to the list supplied

by the Deputy Commissioner. Only four of the quarries were inspected by the District Health Officer during the year.

General Health.—The quarries are situated in areas subject to frequent outbreaks of plague, cholera and smallpox. During the year three fatal cases of plague occurred in the Mòkpalin quarry. Speedy preventive measures nipped the outbreak in the bud. Malaria is said to be prevalent in the localities where wolfram is mined. The general health of the labourers was otherwise good. The labourers were usually employed on a temporary basis and those who fell sick left the work and were replaced by substitutes, so that only healthy and fit workers were found at the quarries by the District Health Officer.

Sanitation.—Surface latrines were provided in a few of the quarries but these were not enough for the needs of the people. Generally the labourers and staff resorted to the jungle leaving the few surface latrines unused. The water supply was from a few shallow wells provided at the quarries but there were no arrangements for either storing or disinfecting the water used for drinking purposes.

Housing.—The housing conditions were not on the whole satisfactory. In privately owned quarries the labourers were allowed to build their own thatch and bamboo huts in the neighbourhood of the quarries, thus giving rise to the cropping up of some insanitary hamlets. At Moundaung Quarry four well-built corrugated iron barracks were provided for part of the labourers who were supposed to work permanently, while the temporary labourers were required to build their own huts, which were found clean although the ventilation was not ideal.

Medical facilities.—All the quarries were provided with first aid equipment.

F.—SOUTHERN SHAN STATES.

The District Health Officer reports that the only concern in the district is the tin and wolfram mine at Mawchi, where the sanitary conditions are satisfactory and are being continuously improved. Water and housing arrangements are good. One wholetime European medical officer is employed in the mine.

APPENDIX D.

ANNUAL REPORT OF THE HEALTH OFFICER OF THE PORT OF RANGOON
FOR THE YEAR 1935.

INSPECTION OF INCOMING SEAGOING VESSELS.

1. VESSELS INSPECTED.—The total number of vessels inspected in the year was 1,269 or 18 more than in 1934. Of these, 850 were from

Indian and 419 from foreign ports. They carried 118,937 crew and 259,646 passengers, the latter figure being more than the figure of 1934 by 18,442. In addition, a number of passengers totalling 5,991 from ports in Burma were examined at Rangoon. These passengers embarked at Akyab, Kyaukpyu and Sandoway on vessels which were on their way to Rangoon from Indian ports.

2. INFECTIOUS DISEASES.—Thirty-four cases of infectious disease, 4 more than in 1934 were reported by commanders on 27 vessels, *viz.*, 7 cholera, 3 smallpox, 17 chickenpox and 7 measles. Except for one death due to cholera, who was buried at sea, 1 case of chickenpox left on board in the ship's hospital being a through passenger, and 2 cases of measles allowed to go to their homes, all the cases were taken to the Contagious Diseases Hospital, Rangoon. The following unreported cases of infectious diseases were detected on 22 vessels by the Port Health Staff during the course of medical inspection :—8 smallpox, 26 chickenpox and 1 measles. They were also removed to the Contagious Diseases Hospital.

Twenty-two lepers (including four from Burma ports) were found during the inspection of passengers. One was a through passenger to India from the Straits, 1 was sent to a leprosy asylum and the rest were allowed to go to their residences.

3. DEATHS FROM NON-INFECTIOUS DISEASES.—Thirteen such deaths were reported on 12 vessels.

4. VACCINATIONS PERFORMED.—The number of passengers examined under the Vaccination Act was 265,637. Of these, 104,501 were found protected against smallpox and the balance of 161,136 were vaccinated. In addition, 36 vaccinations were performed among the members of ship's crew. The large number of vaccinations totalling 161,172 is satisfactory and constitutes a very important preventive measure against smallpox, not only for Rangoon but for the whole Province.

5. DISINFECTION.—Disinfection of the effects of 1,983 members of crew and 3,265 passengers was carried out.

6. SEGREGATION.—*Nil.*

7. RIVERINE VESSELS.—The following deaths and cases were reported on riverine launches and cargo-lighters during the year :—Three deaths from non-infectious diseases, 1 case of plague, 16 cases of cholera, 2 cases of smallpox, 2 cases of chickenpox, 1 case of mumps, 11 cases of beri-beri and 1 case of ordinary illness. All precautionary measures were taken by this department.

INSPECTION OF OUTGOING SEAGOING VESSELS.

8. There were 551 vessels proceeding to ports beyond India or 34 more than in 1934.

All the members of Asiatic and African crews, 35,376 in number, and all deck passengers, 13,521 in number, had their effects disinfected.

European crew totalling 10,875 and 4,018 saloon passengers were inspected.

Vaccination was done on 289 crew and 2,904 passengers.

Coolies totalling 3,500 were inspected and their body clothes and uniforms were disinfected in steam prior to their handling passengers' baggage.

Temperature was tested on 88 members of crew and passengers. Of these, 69 were allowed to embark on the Commander's responsibility, eighteen were sent to hospital in Rangoon and 1 was allowed to go to his residence.

No case of plague is known to have developed among the crew or passengers of these vessels on their outward voyage, and no case of rat-plague was reported.

9. New members of crew inspected prior to signing on the ship's articles were 3,195. Of these, 3,146 were passed fit and 49 rejected.

10. VESSELS IN HARBOUR.—The following deaths and cases were reported on vessels in harbour during the year. Two deaths from non-infectious diseases, 1 case of cholera, 9 cases of chickenpox, 4 cases of mumps, 1 case of scarlet fever, 1 case of beri-beri and 2 cases of ordinary illness. All precautionary measures were taken by this department.

11. Inspection of measures to prevent ingress of rats into vessels at wharves and in the stream were carried out frequently.

MISCELLANEOUS TRANSACTIONS AND REMARKS.

12. PORT OFFICE PERSONNEL.—Two hundred and fifteen were examined. Of these, 204 were passed fit and 11 rejected.

13. FUMIGATION OF VESSELS.—(a) Thirty-nine vessels were fumigated to comply with the measures in force at their ports of destination. A total of 812 rats were destroyed. This figure represents the rats which were found in empty vessels only, after fumigation. The number of rats destroyed on loaded vessels could not be ascertained, as they left the harbour immediately after fumigation.

(b) Deratization exemption certificates were issued to 34 vessels after inspection. A number of 121 rats were destroyed.

14. INOCULATION AGAINST CHOLERA.—Anti-cholera inoculations totalling 1,640 were carried out on passengers and members of crew.

15. The disinfection stoves were worked for 1,046 hours.

16. Non-infectious cases detected numbered 1,087.

17. INSPECTION OF PROVISIONS FOR LASCAR CREWS.—The provisions for Asiatic crew on 363 ships were examined. Two hundred and nineteen samples were taken and analysed at the Harcourt Butler Institute of Public Health, Rangoon.

The results were as follows :—

			<i>Good.</i>	<i>Bad.</i>
Ghee	...	...	134	14
Rice	...	...	18	3
Mustard Oil	...	...	26	9
Dhal	...	...	7	...
Atta	...	...	2	...
Flour	...	...	5	...
Suet	...	...	1	...
			—	—
			193	* 26
			—	—

18. PORT COMMISSIONERS' AREA—(a) *Sanitation.*—The sanitation of the Port Commissioners' area which runs on the north side of the river from Neikban to Monkey Point and thence to Salt Depôt, as well as part of Kanaungto, Dalla, King's Bank, Syriam Signal Station, River Lights and Mingaloon Radio Station, was under my charge. The 1931 census gives the population of the area as 16,926. The following health staff was employed by the Port Commissioners :—

Public Health Inspector	...	...	...	1
Assistant Public Health Inspector	...	...	...	2
Public Health Sub-inspector	...	...	...	1
Sanitary Clerk	..	...	...	1
Sanitary Jemadars	...	...	...	2
Sanitary Maistries	...	...	...	7
Permanent Coolies	...	...	...	78
Temporary Coolies	...	...	...	24

The sanitation of the area was kept at a high standard.

(b) *Vaccination.*—The annual vaccination of all the employees of the Port Commissioners was commenced on the 6th February 1935 and was completed on the 6th March 1935. All employees were examined and those found unprotected were vaccinated. The total number of vaccinations was 3,077. One case of smallpox occurred in the area during the year.

(c) *Rat Trapping.*—The total number of rats destroyed during the year by this method was 2,728 of which 2,069 were sent for laboratory examination. None of the rats was found to be infected with plague. No case of human plague occurred in the area during the year.

(d) *Cyanogassing of Rat Burrows.*—Besides trapping, cyanogassing of rat burrows in the area was carried out throughout the year. A total of 8,676 burrows were gassed and 17,080 connecting holes were blocked during the year.

(e) *Smoking out Rat Burrows.*—A total of 24,681 rat holes were smoked. The number of rats destroyed by this method was 2,529.

* Replaced by articles of good quality.

(f) *Inspection of Meat and Food.*—Inspection of imported food is done by the Municipal Health Department. In cases where a consignment is not taken delivery of, on account of its being unsatisfactory, the Port Health Officer is requested by the Traffic Manager, Port Commissioners, Rangoon, to do the inspection and make recommendations regarding its disposal. Several such inspections were carried out during the year.

19. PORT HEALTH STAFF.—The staff has worked to my satisfaction.

J. A. ANKLESARIA, M.B.B.S., D.P.H.,
Port Health Officer, Rangoon.

TABLE No. I.—Details of Incoming Seagoing Vessels inspected during the year 1935.

Month. (1)	From Indian Ports.					From Foreign Ports.					Total.					
	Number of vessels. (2)	Number of crew. (3)	Number of Passengers.			Number of vessels. (9)	Number of crew. (10)	Number of Passengers.			Number of vessels. (16)	Number of crew. (17)				
			Males. (4)	Females. (5)	Boys. (6)			Girls. (7)	Total. (8)	Males. (11)			Females. (12)	Boys. (13)	Girls. (14)	Total. (15)
January	71	6,633	16,359	1,203	617	436	18,615	41	3,541	1,197	335	164	97	1,793	112	10,174
February	67	6,373	19,210	1,509	874	537	22,130	37	3,032	840	181	69	53	1,143	104	9,405
March	72	6,784	13,533	1,506	637	530	16,206	46	3,803	1,345	253	112	84	1,794	118	10,587
April	71	6,755	13,822	1,635	514	844	16,815	40	3,860	1,826	316	93	159	2,394	111	10,615
May	86	7,875	16,404	1,921	1,218	655	20,198	33	2,981	1,085	199	100	79	1,463	119	10,856
June	66	6,089	14,005	1,572	988	568	17,133	29	2,882	916	180	106	58	1,260	95	8,971
July	69	6,631	13,349	1,416	766	490	16,021	39	3,409	811	168	59	51	1,089	108	10,040
August	71	6,620	11,310	1,242	615	349	13,516	34	3,484	828	141	60	48	1,077	105	10,104
September	68	6,450	13,500	1,333	674	452	15,959	29	2,646	1,001	183	101	79	1,364	97	9,096
October	70	6,537	18,473	1,702	942	575	21,692	32	3,168	1,521	474	205	184	2,384	102	9,705
November	71	6,798	36,108	2,170	1,382	709	40,369	28	2,774	1,322	389	111	120	1,942	99	9,572
December	68	6,670	23,645	1,881	1,216	663	27,405	31	3,142	1,245	388	143	99	1,875	99	9,812
Total	850	80,215	209,718	19,090	10,443	6,808	246,059	419	38,722	13,937	3,207	1,323	1,111	19,578	1,269	118,937

TABLE No. I.—Details of Incoming Seagoing Vessels inspected during the year 1935—concl'd.

Month.	Medical Inspection and Observation.															
	Total—concl'd.					For vaccination.						Disinfection.				
	Males. (18)	Females. (19)	Boys. (20)	Girls. (21)	Total. (22)	Crew. (23)	Passengers. (24)	For temperature. (25)	Abnormal. (26)	Found protected. (27)	Vaccinated on wharf. (28)	Found protected. (29)	Passengers. (30)	Vessels. (31)	Crew. (32)	Effects of Passengers. (33)
January	17,556	1,538	781	533	20,408	10,174	20,408	61	53	10,174	...	8,880	11,528	8	452	1,116
February	20,050	1,690	943	590	23,273	9,405	23,273	102	87	9,405	...	9,291	13,982	10	437	1,660
March	14,878	1,759	749	614	18,000	10,587	18,000	86	74	10,581	6	7,752	10,248	7	433	...
April	15,648	1,951	607	1,003	19,209	10,615	19,209	145	127	10,614	1	8,278	10,931	8	384	376
May	17,489	2,120	1,318	734	21,661	10,856	21,661	112	101	10,854	2	8,820	12,841	2	...	...
June	14,921	1,752	1,094	626	18,393	8,971	18,393	62	53	8,971	...	7,402	10,991	3	...	...
July	14,160	1,584	825	541	17,110	10,040	17,110	71	61	10,040	...	6,609	10,501	4	277	113
August	12,138	1,383	675	397	14,593	10,104	14,593	86	75	10,104	...	5,688	8,905	...	...	...
September	14,501	1,516	775	531	17,323	9,096	17,323	115	99	9,069	27	7,540	9,783	1	...	...
October	19,994	2,176	1,147	759	24,076	9,705	24,076	100	88	9,705	...	10,221	13,855	...	...	...
November	37,430	2,559	1,493	829	42,311	9,572	42,311	177	156	9,572	...	13,120	29,191	4	...	...
December	24,890	2,269	1,359	762	29,280	9,812	29,280	71	56	9,812	...	10,900	18,380	2	...	...
Total	223,655	22,297	11,766	7,919	265,637	118,937	265,637	1,188	1,030	118,901	36	104,501	161,136	49	1,983	3,265

* Includes 5,991 passengers from Burma ports who were inspected by the Port Health Department, Rangoon.

TABLE No. II.—Details of Outgoing Seagoing Vessels bound for Ports beyond India, inspected during the year 1935.

Month. (1)	Shore Inspection.										Results of Inspection.								
	(2)	Deck Passengers.					(9)	Saloon Passengers.				(15)	(16)	Temperatures.					
	Number of vessels.	Asiatic crew.	Males.	Females.	Boys.	Girls.	Total.	European crew.	Males.	Females.	Boys.	Girls.	Total.	Passes to relatives and friends.	Baggage coolies.	Tested.	Normal.	Allowed on medical certificate or at Commanders' request.	Cases detained.
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
January	39	2,691	996	5	39	21	1,151	845	182	135	20	18	355	17	302	6	...	4	2
February	54	2,856	1,090	82	19	24	1,215	1,080	177	108	21	22	328	15	276	4	...	3	1
March	66	3,700	1,464	206	72	81	1,823	1,468	327	305	51	47	730	59	404	7	...	3	4
April	59	3,507	1,157	181	65	65	1,468	1,153	247	186	37	30	500	69	319	7	...	4	3
May	52	3,552	1,091	149	72	63	1,375	936	206	108	30	25	369	20	373	11	...	10	1
June	40	2,563	725	68	34	31	858	766	129	85	11	12	237	12	274	16	...	15	1
July	41	3,002	891	124	73	44	1,132	759	105	42	17	5	169	14	327	9	...	9	...
August	44	3,090	1,107	104	50	29	1,290	935	166	74	21	19	280	30	343	16	...	11	5
September	39	2,611	703	65	25	29	822	725	99	51	13	12	175	10	156	3	...	2	1
October	42	2,404	625	84	35	40	784	775	197	135	26	15	373	5	228	6	...	6	...
November	39	2,725	678	79	31	36	824	729	126	67	11	21	225	18	239	2	...	2	...
December	36	2,675	616	81	44	38	779	704	190	65	10	12	277	8	259	1	...	...	1
Total	551	35,376	11,143	1,318	559	501	13,521	10,875	2,151	1,361	268	238	4,018	277	3,500	88	...	69	19

TABLE NO. II.—Details of Outgoing Seagoing Vessels bound for Ports beyond India, inspected during the year 1935—concl'd.

Month.	Diseases.				Disposal of Sick.				Disinfection.				Fumigation with Clayton Apparatus at agent's request.			Vaccination.		
	(21) Plague	(22) Small pox.	(23) Chickenpox.	(24) Fever and other ailments.	(25) Civil General Hospital.	(26) Municipal Observation Hospital.	(27) Contagious Diseases Hospital.	(28) Passengers' residence.	(29) Other Hospitals.	(30) Asiatic crew and deck passengers.	(31) Boots and shoes.	(32) Baggage coolies.	(33) Boxes.	(34) Vessels.	(35) Sulphur consumed.	(36) Time spent.	(37) Amount realized.	(38) Passengers.	(39) Crew.
January	2	...	2	...	...	3,842	5	302	449	4	5,588	35	1,815	11	8
February	1	...	...	...	...	4,071	25	276	341	1	1,743	6	450	31	21
March	4	2	...	...	...	5,523	...	404	730	3	3,535	27	1,015	1144	25
April	3	2	1	...	...	4,975	46	319	319	3	3,901	28	1,320	124	10
May	1	1	1	...	...	4,927	10	373	473	2	2,557	16	750	411	65
June	1	1	1	...	...	3,421	...	274	394	3	3,774	28	1,050	203	40
July	4,134	...	327	368	4	4,293	32	1,300	300	20
August	5	2	1*	1	...	4,380	...	343	536	3	4,127	28	1,050	330	26
September	1	1	...	...	...	3,433	...	156	450	4	4,710	37	1,475	120	36
October	3,188	...	228	320	6	5,947	45	1,875	104	10
November	3,549	31	239	386	5	6,455	45	1,775	58	18
December	1	1	...	...	...	3,454	...	259	384	1	1,290	7	350	68	10
Total	19	8	9	1	...	48,897	117	3,500	5,150	39	47,920	339	14,225	2904	289

* Measles.

TABLE NO. III.—Statement showing the Infectious and other Diseases reported and detected on Incoming Seagoing and Riverine Vessels during the year 1935.

Diseases.	Seagoing.			Riverine.		In Port.		Disposal of Cases.						Corpses.				Remarks.							
	Number of vessels.	Cases.		Number of vessels.	Cases.	Number of vessels.	Cases.	Contagious Diseases.	Hospitals.				Left on Board.	Left at other Ports.	Other Hospitals.	Total.	Buried at Sea.		Rangoon Mortuary.	Buried by relatives.	Total.				
		Total.	Reported.						Detected.	Observation.	Rangoon General Hospital.	Military.										Leper.	Residence.	(11)	(12)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)		
Plague	...	...	...	...	1	1	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Cholera	7	7	7	...	16	16	1	1	22	...	...	...	...	...	...	1	...	23	1	...	...	...	...	...
Smallpox	10	11	3	8	2	2	8	9	13	...	...	...	...	...	...	...	...	13	...	...	...	...	...	...
Chickenpox	24	43	17	26	2	2	2	53	53	...	...	...	...	...	1	...	...	54	...	...	...	...	...	...
Measles	8	8	7	1	...	...	...	...	6	...	...	...	...	2	...	...	...	8	...	...	...	...	...	...
Mumps	4	4	2	2	1	1	3	4	8	...	...	1	...	...	...	...	...	9	...	...	...	...	...	...
Typhoid	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebrospinal meningitis	1	1	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dengue	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suspicious illness	252	691	35	656	...	...	...	1*	1	691	...	...	...	...	...	...	...	692	...	...	...	...	...	...	...
Ordinary illness	50	244	87	157	4	12	3	3	3	8	24	39	...	39	138	...	8	259	...	...	...	...	...	...
Leprosy	22	22	2	20	...	...	...	...	...	...	...	...	1	20	1	...	...	22	...	...	...	...	...	...	...
Enlarged glands	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Deaths (ordinary)	12	13	13	...	3	3	2	2	...	...	...	...	...	...	...	...	...	...	13	5	...	...	...	...	...
Total	390	1,044	174	870	29	37	18	20	108	699	24	40	1	61	140	1	8	1,082	14	5	...	...	...	...	19

* Scarlet fever.

STATEMENT A.—Statement showing Total Income from all sources and

Name of Division.	Total Receipts including opening balance.	Total Expenditure on Public Health purposes.	Amount			
			Water supply.		Drainage.	
			Capital outlay.	Establishment, repairs, etc.	Capital outlay.	Establishment, repairs, etc.
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
Towns in—						
Arakan Division ...	5,31,426	2,14,865	95,421	12,848	173	182
Pegu Division ...	1,80,34,706	33,43,146	330	6,57,615	22,841	2,36,280
Irrawaddy Division ...	16,03,616	4,59,609	1,111	21,376	4,620	4,025
Tenasserim Division ...	16,66,094	3,83,160	1,504	25,410	...	5,110
Magwe Division ...	9,12,388	2,50,562	34,461	46,803	...	8,595
Mandalay Division ...	25,32,279	6,48,283	22	64,671	...	39,104
Sagaing Division ...	6,23,353	1,40,335	3,291	9,546	...	1,665
Total ...	2,59,03,862	54,39,960	1,36,140	8,38,269	27,634	2,94,961
Districts in—						
Arakan Division ...	6,92,019	44,061	...	433	...	...
Pegu Division ...	25,29,784	1,71,672	559	2,102	...	...
Irrawaddy Division ...	24,14,566	1,69,229	468	1,538	...	...
Tenasserim Division ...	14,95,440	56,790	300	17	...	...
Magwe Division ...	10,96,893	1,02,006	502	4,895	...	...
Mandalay Division ...	12,60,468	1,08,906	6,756	3,046	...	...
Sagaing Division ...	15,04,174	1,25,857	2,713	3,572	...	464
Total ...	1,09,93,344	7,78,521	11,298	15,603	...	464
GRAND TOTAL, BURMA ...	3,68,97,206	62,18,481	1,47,438	8,53,872	27,634	2,95,425
Federated Shan States—						
Towns ...	2,73,264	72,270	...	11,438	...	11,677
Rural Areas ...	43,28,994	69,191	1,120	1,741	...	...
Total ...	46,02,258	1,41,461	1,120	13,179	...	11,677

Expenditure on Public Health purposes during the financial year 1934-35.

spent on

Conservancy (including road cleaning and watering) and latrines.	Epidemic charges (includ- ing plague).	Vaccination.	Registration of births and deaths.	Markets and slaughter-houses.	Charges on account of Health Officers and Public Health Inspectors.	Other sanitary requirements.
Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
71,438	456	2,508	1,466	13,687	12,300	4,386
15,56,915	5,879	54,884	58,386	3,02,353	3,18,327	1,29,336
2,09,156	10,918	9,460	3,986	1,45,101	43,871	5,985
1,96,206	2,855	7,317	7,495	1,01,422	30,099	5,742
91,237	4,043	5,559	1,917	39,590	14,683	3,674
3,14,183	11,380	13,482	7,794	1,24,173	57,795	15,679
79,529	637	3,135	1,586	23,298	9,489	8,159
25,18,664	36,168	96,345	82,630	7,49,624	4,86,564	1,72,961
7,019	656	20,078	...	7,392	7,849	634
37,471	1,406	47,809	...	56,832	24,140	1,353
36,923	2,037	59,920	...	42,975	23,778	1,590
5,568	1,421	39,600	...	836	7,962	1,086
26,872	2,588	40,244	...	17,407	8,225	1,273
32,357	2,243	30,695	...	20,103	12,474	1,232
40,989	5,435	48,108	...	14,864	6,622	3,090
1,87,199	15,786	2,86,454	...	1,60,409	91,050	10,258
27,05,863	51,954	3,82,799	82,630	9,10,033	5,77,614	1,83,219
32,368	779	571	656	10,233	4,222	326
27,957	...	28,640	...	...	4,988	4,745
60,325	779	29,211	656	10,233	9,210	5,071

STATEMENT B.—Table showing Health Services in

District.	Rural Areas.									
	Medical Officers of Health				Public Health Inspectors.	Inspectors of Vaccination.	Vaccinators.		* Epidemic Staff.	School Medical Officers.
	Holding D.P.H.		Licentiates (L.P.H.)				Male.	Female.		
	Whole time.	Part time.	Whole time.	Part time.	(6)	(7)			(8)	(9)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Akyab ...	1	...	...	...	2	1	10	...	...	...
Arakan Hill Tracts	3	...	...	...
Kyaukpyu	1	...	6	...	...	...
Sadoway	1	...	3	...	...	...
Rangoon
Pegu	1	2	7	...	...	...
Tharrawaddy	2	1	10	...	...	...
Hanthawaddy	2	2	8	...	...	...
Insein ...	1	...	...	...	5	...	5	...	...	...
Prome	2	...	8	...	...	...
Bassein	4	1	11	...	...	...
Henzada	2	1	12	...	...	...
Myaungmya ...	1	...	...	...	3	1	12	...	...	...
Maubin	3	1	9	...	...	...
Pyapôn ...	1	...	...	...	3	1	8	...	...	...
Salween	1	4	...	...	...
Thatôn	2	1	11	...	...	...
Amherst	2	1	8	...	...	...
Tavoy	1	1	5	...	...	...
Mergui	1	...	4	...	...	...
Toungoo	1	1	10	...	...	...
Thayetmyo	2	...	7	...	...	...
Minbu	2	...	5	...	...	...
Magwe	2	...	7	...	...	...
Pakôkku	1	8	...	...	...
Chin Hills District	1	6	...	...	...
Mandalay	1	1	7	...	...	...
Kyauksè	1	1	4	...	...	...
Meiktila	2	...	5	...	...	...
Myingyan	2	...	10	...	...	...
Yamèthin	1	1	5	...	...	...
Bhamo	4	...	...	...
Myitkyina	1	...	3	...	...	...
Shwebo	3	1	11	...	...	...
Sagaing	1	...	6	...	...	...
Katha	1	1	6	...	...	...
Upper Chindwin	1	1	7	...	...	...
Lower Chindwin	2	...	7	...	...	...
Northern Shan States	2	...	21	...	...	...
Southern Shan States	1	3†	20	...	...	...
Provincial	§ 31	...
Total ...	4	...	...	...	63	27	303	...	§ 31	...

* This column should not include officers already noted in columns 2—5 nor should it include peons, coolies and menials such as sweepers, etc.

† Other health staffs should include food and water analysts, leprosy specialists or similar other important public health appointments but not menials, etc., e.g., sweepers, bhists, laboratory assistants, etc.

‡ Head vaccinators.

§ 27 Epidemic Subassistant Surgeons and 4 Assistant District Health Officers.

¶ 1 Special Leprosy Officer and 1 Subassistant Surgeon attached to the Special Leprosy Officer.

¶ Up to 28th August 1935.

Rural and Urban Areas of Burma during 1935.

† Other Health Staffs. (12)	Urban Areas.											
	Medical Officers of Health				Medical Registrars. (17)	Public Health Inspectors. (18)	Inspector of Vaccination. (19)	Vaccinators.		* Epidemic Staff. (22)	School Medical Officers. (23)	† Other Health Staffs. (24)
	Holding D.P.H.		Licentiates (L.P.H.)					Male. (20)	Female. (21)			
	Whole time. (13)	Part time. (14)	Whole time. (15)	Part time. (16)								
..	1	..	..	..	1	1	..	2	..	..	..	..
..
..	..	..	..	..	..	1	..	..	..	..	..	..
..	..	..	..	..	..	1	..	1	..	..	..	..
..	7	..	..	..	14	38	..	25	..	20	..	17
..	1	..	1	..	..	2	..	2	..	..	..	..
..	..	..	..	..	..	7	..	6	..	..	..	..
..	..	1	..	..	..	3	..	..	..	..	..	..
..	..	..	..	..	..	3	..	3	..	..	..	..
..	1	..	1	..	..	3	..	3	..	..	..	..
..	1	..	..	..	1	5	..	4	..	..	..	..
..	1	..	..	..	..	3	..	3	..	..	..	..
..	..	..	..	..	..	3	..	3	..	..	..	..
..	..	..	..	..	..	3	..	3	..	..	..	..
..	..	..	..	..	..	2	..	2	..	..	..	..
..
..	..	..	..	..	..	2	..	1	..	..	..	..
..	1	..	..	..	1	6	..	3	..	..	..	..
..	..	..	..	..	..	2	..	2	..	..	..	..
..	..	..	..	..	..	1	..	1	..	..	..	..
..	..	..	..	..	..	3	..	3	..	..	..	..
..	..	..	1	..	..	1	..	2	..	..	..	..
..	..	..	..	..	..	2	..	1	..	..	..	..
..	..	..	..	..	..	4	..	4	..	..	..	..
..	..	..	1	..	..	1	..	1	..	..	..	..
..
..	2	..	..	..	3	11	..	6	..	..	..	..
..	..	..	..	..	..	1	..	1	..	..	..	..
..	..	..	..	..	..	1	..	1	..	..	..	..
..	..	..	1	..	..	2	..	2	..	..	..	..
..	..	..	..	..	..	3	..	2	..	..	..	..
..	..	..	..	..	..	1	..	1	..	..	..	..
..	..	..	..	..	..	1	..	1	..	..	..	..
..	..	..	..	..	..	2	..	1	..	..	..	..
..	..	..	1	..	..	1	..	1	..	..	..	..
..
..	..	..	..	..	..	1	..	..	..	..	..	..
..	..	..	..	..	..	1	..	1	..	..	..	..
..	..	..	..	..	..	1	..	..	..	..	..	..
..	..	..	..	..	..	2	..	1	..	..	..	..
2	..	..	..	..	..	..	..	..	..	..	..	..
|| 2	15	1	6	..	20	125	..	93	..	20	..	17

Note.—In addition to the above, the following personnel were employed :—3 part-time Medical Officers of Health holding D.P.H., 7 Public Health Inspectors and 1 Assistant Malariaologist by the Burma Railways, Rangoon ; 1 part-time Medical Officer of Health holding D.P.H., and 3 Public Health Inspectors by the Burma Corporation, Ltd., Namtu ; 1 Public Health Inspector each by the Port Commissioners, Rangoon, and the Burma Oil Company, Ltd., Syriam.

STATEMENT C.—Table showing Maternity and Child Welfare Centres, Health Visitors and Trained Midwives in Rural and Urban Areas in Burma Province during 1935.

cts.	Maternity and Child Welfare.											
	Centres maintained by						Trained Visitors.		Trained Midwives.		Trained Dais.	
	Government.		Local and Municipal Bodies.		Other Agencies.		Rural.	Urban.	Rural.	Urban.	Rural.	Urban.
	Rural.	Urban.	Rural.	Urban.	Rural.	Urban.						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Akyab	1	...	...	1	4	...	...
Arakan Hill Tracts...
Kyaukpyu	1	1	...	...
Sandoway	2	1	...	...
Rangoon	4	...	1	...	4	...	26	...	...
Pegu	1	...	...	6	5	...	...
Tharrawaddy	5	5	...	...
Hanthawaddy	2	...	...	5	4	...	...
Insein ...	2	...	...	...	...	...	...	...	8	1	...	...
Prome	1	...	1	3	5	...	...
Bassein	1	...	1	...	5	...	...
Henzada	4	5	...	...
Myaungmya	3	3	...	...
Maubin	4	3	...	...
Pyapôn	2	2	...	...
Salween
Thatôn	1	...	1	6	3	...	...
Amherst *	2	...	...	8	5	...	...
Tavoy	2	...	...
Mergui	1	2	...	...
Toungoo	1	...	1	...	3	...	...
Thayetmyo	1	...	...	2	3	...	...
Minbu	1	...	...	1	2	...	...
Magwe	2	...	1	...	5	...	...
Pakôkku	1	...	...	2	1	...	...
Chin Hills
Mandalay	3	...	1	...	11	...	...
Kyaukse	1	...	...	4	2	...	...
Meiktila	3	2	...	...
Myingyan	1	2	...	...
Yamèthin	2	...	2	...	4	...	...
Bhamo	1	...	...	1	2	...	...
Myitkyina	1	...	...
Shwebo	3	3	...	...
Sagaing	1	...	...	10	3	...	...
Katha	1	...	...	3	...	...	...
Upper Chindwin
Lower Chindwin	1	...	1	5	1	...	...
Northern Shan States	1	...	1	...	5	1	...	...
Southern Shan States	1	...	1	23	2	...	...
Total ...	2	...	...	4	1	27	1	14	122	130	...	...

* The Society for the Prevention of Infantile Mortality, Moulmein, employs a woman doctor as Supervisor of Clinics and Midwives.

ANNUAL STATEMENT No. I.--Births registered in the

1 No.	2 Divisions and Districts.	3 Population according to Census of 1931.			4 Number of births registered.		
		Male.	Female.	Total.	Male.	Female.	Total.
ARAKAN DIVISION.							
1	Akyab ...	338,592	296,940	635,532	10,653	9,667	20,320
2	Kyaukpyu ...	107,729	112,563	220,292	3,478	3,282	6,760
3	Sandoway ...	64,206	65,039	129,245	2,255	2,114	4,369
PEGU DIVISION.							
4	Rangoon ...	271,063	129,352	400,415	5,322	5,034	10,356
5	Pegu ...	253,960	235,851	489,811	6,734	6,452	13,186
6	Tharrawaddy ...	251,303	254,507	505,810	9,310	8,963	18,273
7	Hanthawaddy ...	218,919	189,912	408,831	7,170	6,745	13,915
8	Insein ...	175,519	155,933	331,452	4,889	4,539	9,428
9	Prome ...	203,171	207,480	410,651	7,853	7,326	15,179
IRRAWADDY DIVISION.							
10	Bassein ...	292,029	279,014	571,043	7,677	7,264	14,941
11	Henzada ...	304,995	310,794	615,789	7,746	7,313	15,059
12	Myaungmya ...	235,655	209,129	444,784	7,401	7,037	14,438
13	Maubin ...	188,770	182,739	371,509	6,772	6,410	13,182
14	Pyapôn ...	179,554	154,604	334,158	5,301	5,211	10,512
TENASSERIM DIVISION.							
15	Thatôn ...	274,942	257,686	532,628	6,985	6,819	13,804
16	Amherst ...	270,677	245,556	516,233	8,960	8,428	17,388
17	Tavoy ...	92,637	87,327	179,964	3,612	3,529	7,141
18	Mergui ...	85,263	76,724	161,987	2,736	2,729	5,465
19	Toungoo ...	220,010	208,818	428,828	6,767	6,589	13,356
MAGWE DIVISION.							
20	Thayetmyo ...	135,565	138,612	274,177	3,231	3,030	6,261
21	Minbu ...	136,662	141,214	277,876	5,133	4,736	9,869
22	Magwe ...	250,783	248,790	499,573	7,070	6,922	13,992
23	Pakôkku ...	241,137	258,044	499,181	9,792	9,972	19,764
MANDALAY DIVISION.							
24	Mandalay ...	191,741	179,895	371,636	7,611	7,191	14,802
25	Kyauksè ...	74,880	76,440	151,320	2,633	2,663	5,296
26	Meiktila ...	147,171	162,828	309,999	5,727	5,519	11,246
27	Myingyan ...	228,784	243,773	472,557	5,794	5,675	11,469
28	Yamèthin ...	194,318	196,502	390,820	7,575	7,559	15,134
SAGAING DIVISION.							
29	Shwebo ...	214,170	232,620	446,790	11,402	11,119	22,521
30	Sagaing ...	159,881	176,084	335,965	7,417	7,245	14,662
31	Lower Chindwin ...	178,543	204,891	383,434	8,879	8,806	17,685
Total ...		6,182,629	5,919,661	12,102,290	203,885	195,888	399,773

Districts of Burma during the year 1935. (Paragraphs 4, 6 and 9.)

5			6	7	8	9			1
Ratio of births per 1,000 of population.			Number of males born to every hundred females.	Excess of births over deaths per 1,000 of population.	Excess of deaths over births per 1,000 of population.	Mean ratio of births per 1,000 during previous five years.			No.
Male.	Female.	Total.				Male.	Female.	Total.	
16.76	15.21	31.97	110	13	...	14.12	12.84	26.95	1
15.79	14.90	30.69	106	14	...	15.48	14.87	30.35	2
17.45	16.36	33.80	107	13	...	17.97	16.75	34.72	3
13.29	12.57	25.86	106	1	...	11.75	11.23	22.98	4
13.75	13.17	26.92	104	11	...	11.82	11.05	22.87	5
18.41	17.72	36.13	104	16	...	13.62	12.82	26.44	6
17.54	16.50	34.04	106	15	...	12.36	11.85	24.21	7
14.75	13.69	28.44	108	9	...	12.55	12.06	24.62	8
19.12	17.84	36.96	107	12	...	17.82	16.38	34.20	9
13.44	12.72	26.16	106	11	...	9.81	9.42	19.22	10
12.58	11.88	24.45	106	10	...	12.64	11.91	24.55	11
16.64	15.82	32.46	105	11	...	15.22	14.45	29.68	12
18.23	17.25	35.48	106	14	...	13.74	13.16	26.90	13
15.86	15.59	31.46	102	4	...	13.49	13.29	26.78	14
13.11	12.80	25.92	102	9	...	9.22	8.75	17.97	15
17.36	16.33	33.68	106	15	...	17.70	16.85	34.55	16
20.07	19.61	39.68	102	8	...	20.06	19.22	39.29	17
16.89	16.85	33.74	100	5	...	17.64	17.08	34.72	18
15.78	15.37	31.15	103	11	...	10.94	10.24	21.19	19
11.78	11.05	22.84	107	9	...	10.20	9.84	20.04	20
18.47	17.04	35.52	108	13	...	16.08	15.35	31.43	21
14.15	13.86	28.01	102	12	...	11.63	11.25	22.89	22
19.62	19.98	39.59	98	13	...	18.15	18.01	36.17	23
20.48	19.35	39.83	106	14	...	20.66	18.91	39.57	24
17.40	17.60	35.00	99	9	...	17.03	16.74	33.77	25
18.47	17.80	36.28	104	19	...	17.62	17.16	34.78	26
12.26	12.01	24.27	102	9	...	12.37	12.47	24.84	27
19.38	19.34	38.72	100	19	...	17.61	17.26	34.87	28
25.52	24.89	50.41	103	23	...	20.07	19.73	39.81	29
22.08	21.56	43.64	102	20	...	18.58	18.25	36.83	30
23.16	22.97	46.12	101	23	...	19.72	19.47	39.19	31
16.85	16.19	33.03	104	13	...	14.62	14.01	28.63	

ANNUAL STATEMENT NO. 1 (a).—Showing the Still-births registered according to

No.	Divisions and Districts.	Total number of births registered.	Still-			
			Christians,		Mohamedans.	
			Male.	Female.	Male.	Female.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
ARAKAN DIVISION.						
1	Akyab	20,320	...	...	27	27
2	Kyaukpyu	6,760	...	...	...	...
3	Sandoway	4,369	...	...	1	2
PEGU DIVISION.						
4	Rangoon	10,356	23	16	56	54
5	Pegu	13,186	...	...	4	4
6	Tharrawaddy	18,273	2	2	2	4
7	Hanthawaddy	13,915	5	1	5	8
8	Insein	9,428	3	4	7	5
9	Prome	15,179	1	...	1	1
IRRAWADDY DIVISION.						
10	Bassein	14,941	3	5	8	5
11	Henzada	15,059	...	1	...	4
12	Myaungmya	14,438	...	...	5	9
13	Maubin	13,182	...	1	5	3
14	Pyapôn	10,512	20	12	4	...
TENASSERIM DIVISION.						
15	Thatôn	13,804	...	...	3	...
16	Amherst	17,388	3	2	14	16
17	Tavoy	7,141	...	1	2	1
18	Mergui	5,465	...	...	4	5
19	Toungoo	13,356	...	1	5	5
MAGWE DIVISION.						
20	Thayetmyo	6,261	...	...	5	1
21	Minbu	9,869	...	...	1	1
22	Magwe	13,992	1	1	1	3
23	Pakôkku	19,764	...	...	...	...
MANDALAY DIVISION.						
24	Mandalay	14,802	4	6	25	25
25	Kyauksè	5,296	...	...	7	6
26	Meiktila	11,246	...	...	3	...
27	Myingyan	11,469	...	...	2	1
28	Yamèthin	15,134	2	1	14	8
SAGAING DIVISION.						
29	Shwebo	22,521	...	1	2	...
30	Sagaing	14,662	...	...	4	2
31	Lower Chindwin	17,685	...	1	...	2
	Total ...	399,773	67	56	217	202

Classes and Sex in the districts of Burma during the year 1935. (Paragraph 46.)

Hindus,		Burmese or Buddhists.		Other classes.		Total.			Percentage (of still- births) to live births.	No.
Male. (8)	Female. (9)	Male. (10)	Female. (11)	Male. (12)	Female. (13)	Male. (14)	Female. (15)	Total. (16)			(17)	(1)
3	4	74	47	3	4	107	82	189	0.93	1
1	...	14	14	...	...	15	14	29	0.43	2
...	...	1	4	...	...	2	6	8	0.18	3
113	112	183	141	6	5	381	328	709	6.85	4
5	7	40	23	...	...	49	34	83	0.63	5
6	2	75	64	2	1	87	73	160	0.88	6
5	5	47	44	4	1	66	59	125	0.90	7
13	13	71	57	5	5	99	84	183	1.94	8
7	8	58	34	...	...	67	43	110	0.72	9
13	5	81	56	...	1	105	72	177	1.18	10
11	8	63	52	...	1	74	66	140	0.93	11
5	2	69	45	2	4	81	60	141	0.98	12
2	5	23	24	1	1	31	34	65	0.49	13
6	3	60	70	4	4	94	89	183	1.74	14
2	1	19	10	...	...	24	11	35	0.25	15
14	16	68	69	4	...	103	103	206	1.18	16
1	2	31	29	3	1	37	34	71	0.99	17
6	1	16	17	3	3	29	26	55	1.01	18
9	1	32	19	...	...	46	26	72	0.54	19
1	...	29	25	...	...	35	26	61	0.97	20
2	...	35	34	...	1	38	36	74	0.75	21
2	3	64	37	2	1	70	45	115	0.82	22
1	1	60	62	4	2	65	65	130	0.66	23
42	26	162	130	4	3	237	190	427	2.88	24
11	6	55	42	1	...	74	54	128	2.42	25
...	...	5	1	...	...	8	1	9	0.08	26
2	4	45	28	...	...	49	33	82	0.71	27
4	3	52	37	1	...	73	49	122	0.81	28
1	1	60	39	...	...	63	41	104	0.46	29
3	...	48	38	...	...	55	40	95	0.65	30
2	1	55	38	...	...	57	42	99	0.56	31
293	240	1,695	1,330	49	38	2,321	1,866	4,187	1.05	

ANNUAL STATEMENT NO. II.—Statement of Births and Deaths registered in the Districts

1 No.	2 Divisions and Districts	3 Area in square miles.	4 Average population per square mile.	5 Population (Census 1931).			6 Births.		7 Number of deaths registered.		
				Male.	Female.	Total.	Total number.	Birth-rate per 1,000 of population.	Male.	Female.	Total.
ARAKAN DIVISION.											
1	Akyab ...	4,505	141·07	338,592	296,940	635,532	20,320	31·97	6,522	5,701	12,223
2	Kyaukpyu ...	4,767	46·21	107,729	112,563	220,292	6,760	30·69	1,879	1,845	3,724
3	Sandoway ...	4,157	31·09	64,206	65,039	129,245	4,369	33·80	1,371	1,314	2,685
PEGU DIVISION.											
4	Rangoon ...	77	5200·19	271,063	129,352	400,415	10,356	25·86	6,038	4,029	10,067
5	Pegu ...	4,124	118·77	253,960	235,851	489,811	13,186	26·92	4,378	3,656	8,034
6	Tharrawaddy ...	2,807	180·20	251,303	254,507	505,810	18,273	36·13	5,316	4,809	10,125
7	Hanthawaddy ...	1,931	211·72	218,919	189,912	408,831	13,915	34·04	4,086	3,504	7,590
8	Insein ...	1,914	173·17	175,519	155,933	331,452	9,428	28·44	3,441	2,988	6,429
9	Prome ...	2,938	139·77	203,171	207,480	410,651	15,179	36·96	5,473	4,952	10,425
IRRAWADDY DIVISION.											
10	Bassein ...	4,145	133·77	292,029	279,014	571,043	14,941	26·16	4,537	3,903	8,440
11	Henzada ...	2,790	220·71	304,995	310,794	615,789	15,059	24·45	4,672	4,312	8,984
12	Myaungmya ...	2,815	158·00	235,655	209,129	444,784	14,438	32·46	5,070	4,385	9,455
13	Maubin ...	1,642	226·25	188,770	182,739	371,509	13,182	35·48	4,311	3,818	8,129
14	Pyapôn ...	2,076	160·96	179,554	154,604	334,158	10,512	31·46	4,881	4,243	9,124
TENASSERIM DIVISION.											
15	Thatôn ...	4,870	109·37	274,942	257,686	532,628	13,804	25·92	4,804	4,309	9,113
16	Amherst ...	7,410	69·67	270,677	245,556	516,233	17,388	33·68	5,135	4,580	9,715
17	Tavoy ...	5,390	33·39	92,637	87,327	179,964	7,141	39·68	3,078	2,576	5,654
18	Mergui ...	10,906	14·85	85,263	76,724	161,987	5,465	33·74	2,626	2,088	4,714
19	Toungoo ...	6,456	66·42	220,010	208,818	428,828	13,356	31·15	4,621	4,072	8,693
MAGWE DIVISION.											
20	Thayetmyo ...	4,642	59·06	135,565	138,612	274,177	6,261	22·84	1,983	1,834	3,817
21	Minbu ...	3,594	77·32	136,662	141,214	277,876	9,869	35·52	3,241	3,007	6,248
22	Magwe ...	3,724	134·15	250,783	248,790	499,573	13,992	28·01	4,247	3,891	8,138
23	Pakôkku ...	5,356	93·20	241,137	258,044	499,181	19,764	39·59	6,522	6,651	13,173
MANDALAY DIVISION.											
24	Mandalay ...	2,115	175·71	191,741	179,895	371,636	14,802	39·83	5,079	4,405	9,484
25	Kyauksè ...	1,245	121·54	74,880	76,440	151,320	5,296	35·00	2,042	1,836	3,878
26	Meiktila ...	2,238	138·52	147,171	162,828	309,999	11,246	36·28	2,756	2,737	5,493
27	Myingyan ...	2,710	174·38	228,784	243,773	472,557	11,469	24·27	3,615	3,428	7,043
28	Yamèthin ...	4,196	93·14	194,318	196,502	390,820	15,134	38·72	4,055	3,665	7,720
SAGAING DIVISION.											
29	Shwebo ...	5,749	77·72	214,170	232,620	446,790	22,521	50·41	6,220	5,868	12,088
30	Sagaing ...	1,878	178·90	159,881	176,084	335,965	14,662	43·64	3,994	3,867	7,861
31	Lower Chindwin ...	3,681	104·17	178,543	204,891	383,434	17,685	46·12	4,453	4,416	8,869
	Total ...	116,848	103·57	6,182,629	5,919,661	12,102,290	399,773	33·03	130,446	116,689	247,135

of Burma during the year 1935. (Paragraphs 4, 6, 9, 14, 15, 17, 19, 21, 23 and 24.)

8 Number of deaths of males to every hundred deaths of females.	9 Deaths per 1,000 of population from											10 Mean ratio of deaths per 1,000 during previous five years.			11 No.
	Cholera.	Small-pox.	Plague.	Fever.	Dysentery and	Respiratory diseases.	Injuries.	All other causes.	All causes.			Male.	Female.	Total.	
									Male.	Female.	Total.				
114	0.76	0.00	...	12.20	0.69	0.86	0.24	4.49	19.26	19.20	19.23	17.05	17.61	17.31	1
102	1.14	...	...	6.75	0.99	0.30	0.17	7.54	17.44	16.39	16.90	17.65	17.03	17.33	2
104	0.09	...	...	11.12	0.18	0.29	0.37	8.72	21.35	20.20	20.77	21.24	19.67	20.45	3
150	0.17	0.43	0.04	0.36	1.11	8.22	0.63	14.17	22.28	31.15	25.14	21.67	29.61	24.22	4
120	0.06	0.07	0.05	4.53	0.15	0.41	0.57	10.56	17.24	15.50	16.40	16.11	14.33	15.26	5
111	0.04	0.01	0.33	7.39	0.49	0.53	0.67	10.55	21.15	18.90	20.02	17.85	15.39	16.61	6
117	0.37	0.06	...	4.23	0.32	0.52	0.42	12.64	18.66	18.45	18.57	14.77	14.51	14.65	7
115	0.11	0.11	0.02	5.93	0.37	0.62	0.67	11.56	19.60	19.16	19.40	17.37	16.80	17.10	8
111	0.29	0.02	0.05	10.44	0.63	0.74	0.52	12.69	26.94	23.87	25.39	24.01	21.46	22.72	9
116	0.43	0.01	0.08	5.77	0.74	0.85	0.24	6.68	15.54	13.99	14.78	12.45	11.63	12.05	10
108	0.26	0.05	0.15	5.76	0.37	0.44	0.23	7.32	15.32	13.87	14.59	15.17	14.16	14.66	11
116	0.72	0.01	...	5.38	0.48	0.42	0.29	13.96	21.51	20.97	21.26	18.76	18.43	18.61	12
113	1.33	0.02	0.01	7.13	0.38	0.48	0.56	11.97	22.84	20.89	21.88	16.26	15.26	15.77	13
115	1.56	0.01	0.02	6.66	1.15	1.13	0.92	15.87	27.18	27.44	27.30	19.05	19.66	19.33	14
111	0.96	0.01	0.32	8.85	0.28	0.39	0.19	6.11	17.47	16.72	17.11	10.64	10.21	10.43	15
112	1.05	0.03	0.03	4.16	0.49	1.28	0.37	11.40	18.97	16.65	18.82	15.76	15.25	15.52	16
119	2.32	0.01	...	16.52	1.10	1.23	0.52	9.71	33.23	29.50	31.42	19.15	19.20	19.17	17
126	5.64	0.11	...	10.99	3.24	1.07	0.56	7.49	30.80	27.21	29.10	18.71	18.15	18.44	18
113	...	0.44	0.16	8.58	0.44	0.46	0.45	9.75	21.00	19.50	20.27	15.36	14.04	14.72	19
108	0.29	0.12	...	5.83	0.17	0.21	0.23	7.08	14.63	13.23	13.92	13.90	13.21	13.55	20
108	0.06	0.03	0.07	10.79	0.26	0.28	0.59	10.40	23.72	21.29	22.48	27.15	26.49	26.81	21
109	0.22	0.08	0.29	7.80	0.19	0.56	0.52	6.62	16.93	15.64	16.29	15.39	14.89	15.14	22
98	2.02	0.32	...	10.01	0.72	0.59	0.40	12.33	27.05	25.77	26.39	25.82	24.83	25.31	23
115	0.06	0.09	0.18	6.03	0.85	3.22	0.39	14.69	26.49	24.49	25.52	32.85	31.60	32.24	24
111	...	0.15	...	11.43	1.45	1.16	0.19	11.24	27.27	24.02	25.63	28.96	29.95	28.45	25
101	0.00	0.20	0.55	4.17	0.16	0.14	0.68	11.81	18.73	16.81	17.72	23.44	20.54	21.92	26
105	0.17	0.17	0.15	2.78	0.24	0.37	0.36	10.66	15.80	14.06	14.90	16.38	15.06	15.70	27
111	...	0.03	0.19	6.56	0.16	0.45	0.40	11.97	20.87	18.65	19.75	21.75	19.98	20.86	28
106	0.01	0.39	0.05	14.31	0.21	0.13	0.73	11.22	29.04	25.23	27.06	31.38	28.33	29.79	29
103	0.32	0.21	0.30	6.15	0.30	0.36	0.56	15.19	24.98	21.96	23.40	25.19	22.02	23.52	30
101	0.33	0.01	...	8.26	0.45	3.16	0.53	10.40	24.94	21.55	23.13	29.60	26.69	28.04	31
112	0.57	0.10	0.11	7.31	0.53	0.99	0.45	10.37	21.10	19.71	20.42	19.32	18.51	18.92	

SUPPLEMENTARY ANNUAL STATEMENT II (a)—PROVINCIAL—*Showing*
(I—XII) *for the*

1 Areas.	2 Area in square miles.	3 Average population per square mile.	4 Population according to Census of 1931.		
			Male.	Female.	Total.
Pyinwa Circle of Akyab District	671	3·05	1,051	997	2,048
Arakan Hill Tracts ...	1,901	11·27	11,031	10,387	21,418
* Salween District ...	2,582	20·60	27,990	25,196	53,186
Papun Town ...	...	...	1,236	645	1,881
Chin Hills District ...	10,377	16·50	83,453	87,784	171,237
* Bhamo District ...	4,146	29·23	59,984	61,209	121,193
Bhamo Town ...	...	...	4,846	3,165	8,011
* Myitkyina District ...	12,172	14·09	90,916	80,608	171,524
Myitkyina Town ...	...	...	4,637	2,691	7,328
* Katha District ...	7,593	33·47	126,863	127,307	254,170
Katha Town ...	...	...	2,364	1,869	4,233
* Upper Chindwin District ...	12,960	15·03	99,183	95,659	194,842
Mawlaik Town ...	...	...	1,370	908	2,278
* Northern Shan States ...	21,400	29·72	331,136	304,971	636,107
Lashio Town ...	...	...	2,782	1,856	4,638
* Southern Shan States ...	40,935	22·69	471,234	457,757	928,991
Taunggyi Town ...	...	...	4,671	3,981	8,652
Kalaw Town ...	...	...	2,025	1,596	3,621
Total ...	114,737	22·27	1,302,841	1,251,875	2,554,716

* Includes

Births and Deaths in Areas not included in the main statements year 1935. (Paragraphs 4 and 8).

5			6	7			8	Remarks.
Number of births registered.			Birth-rate per 1,000 of population.	Number of deaths registered.			Death-rate per 1,000 of population.	
Male.	Female.	Total.		Male.	Female.	Total.		
3	6	9	4.39	10	4	14	6.84	
232	234	466	21.75	264	171	435	20.31	
396	387	783	14.72	347	283	630	11.85	
17	20	37	19.67	40	20	60	31.90	
2,946	2,777	5,723	33.42	2,486	2,264	4,750	27.74	
1,908	1,783	3,691	30.46	1,774	1,494	3,268	26.97	
169	126	295	36.82	152	97	249	31.08	
2,470	2,255	4,725	27.55	2,131	1,739	3,870	22.56	
168	128	296	40.39	158	66	224	30.57	
4,073	3,927	8,000	31.47	2,722	2,513	5,235	20.60	
80	87	167	39.45	111	90	201	47.48	
4,758	4,458	9,216	47.30	4,459	4,175	8,634	44.31	
65	49	114	50.04	65	44	109	47.85	
6,914	6,228	13,142	20.66	5,540	4,611	10,151	15.96	
96	95	191	41.18	131	60	191	41.18	
5,037	4,886	9,923	10.68	5,034	4,650	9,684	10.42	
204	180	384	44.38	137	91	228	26.35	
62	47	109	30.10	50	31	81	22.37	
28,737	26,941	55,678	21.79	24,767	21,904	46,671	18.27	

Town.

ANNUAL STATEMENT NO. IIIA.—Deaths registered in the Rural District

1	2					
	Divisions and Districts.	January.	February.	March.	April.	May.
ARAKAN DIVISION.						
1	Akyab	848	602	597	710	852
2	Kyaukpyu	320	205	180	246	172
3	Sadoway	203	187	194	153	194
PEGU DIVISION.						
4	Pegu	428	488	399	497	414
5	Tharrawaddy	540	428	583	610	476
6	Hanthawaddy	467	369	490	658	643
7	Insein	385	388	343	310	303
8	Prome	503	507	593	335	446
IRRAWADDY DIVISION.						
9	Bassein	612	514	432	526	520
10	Henzada	624	363	481	397	463
11	Myaungmya	987	616	513	712	467
12	Maubin	612	509	567	597	450
13	Pyapôn	711	616	695	715	627
TENASSERIM DIVISION.						
14	Thatôn	844	505	451	784	479
15	Amherst	373	597	829	550	530
16	Tavoy	363	169	330	248	174
17	Mergui	288	276	249	230	220
18	Toungoo	490	384	539	423	559
MAGWE DIVISION.						
19	Thayetmyo	242	118	183	195	226
20	Minbu	682	449	439	445	380
21	Magwe	486	432	465	644	566
22	Pakôkku	782	540	775	897	899
MANDALAY DIVISION.						
23	Mandalay	278	137	379	322	236
24	Kyauksè	302	291	262	433	302
25	Meiktila	518	333	382	510	332
26	Myingyan	849	472	359	550	590
27	Yamèthin	514	326	321	696	405
SAGAING DIVISION.						
28	Shwebo	880	602	801	862	872
29	Sagaing	674	540	544	471	585
30	Lower Chindwin	689	464	553	607	546
Total for Rural Districts ...		16,494	12,427	13,928	15,333	13,928
Ratio of deaths per 1,000 ...		18·17	15·15	15·34	17·45	15·34

of Burma during each month of the year 1935.

3							4	1
June.	July.	August.	September.	October.	November.	December.	Total deaths registered during the year.	No.
751	1,570	1,399	974	1,003	1,064	1,077	11,447	1
375	651	414	280	343	273	199	3,658	2
247	284	249	218	244	212	227	2,612	3
477	781	653	590	671	835	741	6,974	4
649	844	935	1,101	976	706	977	8,825	5
698	650	549	465	659	621	731	7,000	6
410	533	503	442	497	490	504	5,108	7
760	1,001	1,019	1,073	602	737	1,160	8,736	8
429	680	543	449	785	609	648	6,747	9
568	701	801	844	749	733	974	7,698	10
494	883	601	627	1,027	854	778	8,559	11
611	738	701	582	822	656	538	7,383	12
642	631	645	688	668	718	842	8,198	13
489	1,012	723	576	1,081	671	622	8,237	14
778	759	689	689	532	393	819	7,538	15
361	296	259	323	307	362	1,050	4,242	16
271	441	260	211	486	356	387	3,675	17
618	796	909	664	666	820	684	7,552	18
186	262	368	355	266	243	462	3,106	19
307	532	505	519	524	541	551	5,874	20
475	687	761	482	577	591	524	6,690	21
692	1,183	1,847	1,184	1,176	1,017	931	11,923	22
266	245	182	483	295	266	673	3,762	23
261	286	331	366	342	244	261	3,681	24
299	565	445	273	759	469	375	5,260	25
427	493	431	438	628	394	281	5,912	26
378	697	751	472	713	704	696	6,673	27
737	1,020	1,187	1,049	1,136	1,138	1,316	11,600	28
460	508	554	617	781	808	803	7,345	29
530	750	860	831	938	879	846	8,493	30
14,646	20,479	20,074	17,865	20,253	18,404	20,677	204,508	
16'67	22'56	22'11	20'33	22'31	20'95	22'77	19'13	

ANNUAL STATEMENT No. IIIB.—Deaths registered in the Towns

1	2						
No.	Divisions and Towns.		January.	February.	March.	April.	May.
ARAKAN DIVISION.							
1	Akyab	...	76	60	58	50	65
2	Minbya	...	3	5	3	1	1
3	Kyaukpyu	...	2	4	1	5	2
4	Sandoway	...	5	10	6	6	7
PEGU DIVISION.							
5	Rangoon	...	836	767	899	778	791
6	Rangoon Cantonment	...	...	1	...	1	1
7	Pegu	...	72	55	53	56	57
8	Nyaunglebin	...	26	27	28	21	19
9	Tharrawaddy	...	19	6	13	11	13
10	Thônzè	...	11	19	12	10	8
11	Zigôn	...	44	50	19	14	10
12	Letpadan	...	24	14	14	18	13
13	Gyobingauk	...	27	32	25	20	16
14	Minhla	...	3	10	7	6	6
15	Nattalin	...	12	10	9	7	9
16	Syriam	...	29	37	19	29	34
17	Thôngwa	...	26	17	9	21	20
18	Insein	...	41	60	52	36	37
19	Mingaladon Cantonment	...	3	3	3	2	2
20	Thamaing	...	30	13	19	9	18
21	Kamayut	...	21	13	23	19	13
22	Thingangyun	...	12	10	18	10	16
23	Kanbe	...	10	17	18	16	11
24	Prome	...	61	77	61	72	74
25	Shwedaung	...	11	10	16	19	11
26	Paungdè	...	28	16	30	30	25
IRRAWADDY DIVISION.							
27	Bassein	...	125	89	101	122	126
28	Ngathaingyaung	...	16	13	14	8	12
29	Kyônpyaw	...	21	13	9	13	9
30	Henzada	...	55	52	67	59	56
31	Myanaung	...	34	17	23	18	20
32	Kyangin	...	24	19	15	11	12
33	Myaungmya	...	38	28	24	17	23
34	Wakèma	...	26	32	23	18	17
35	Mawlamyaingyun	...	38	30	31	43	20
36	Maubin	...	23	17	26	41	12
37	Yandoon	...	41	29	25	18	20
38	Danubyu	...	28	9	22	10	13
39	Pyapôn	...	36	22	46	74	52
40	Kyaiklat	...	46	35	70	67	38
TENASSERIM DIVISION.							
41	Thatôn	...	44	47	70	48	56
42	Kyaikto	...	18	19	23	23	16
43	Moulmein	...	182	161	138	159	159
44	Kawkareik	...	15	20	15	23	15
45	Tavoy	...	94	46	79	84	88

of Burma during each month of the year 1935.

3							4	1
June.	July.	August.	September.	October.	November.	December.	Total deaths registered during the year.	No.
50	75	66	57	58	46	61	722	1
5	13	3	7	5	5	3	54	2
5	3	12	9	5	7	11	66	3
5	6	5	4	6	7	6	73	4
799	922	835	848	896	858	832	10,061	5
...	...	..	...	2	...	1	6	6
69	75	81	56	71	67	56	768	7
24	23	25	21	30	17	31	292	8
10	10	13	20	16	13	13	148	9
18	12	22	14	23	22	19	190	10
13	12	23	17	13	16	17	248	11
17	23	18	14	21	31	28	235	12
18	24	29	30	22	17	20	280	13
4	4	6	3	7	7	6	69	14
9	16	8	13	9	17	11	130	15
30	26	30	25	27	29	36	351	16
29	29	18	14	25	19	12	239	17
48	42	44	44	41	39	37	521	18
3	4	3	2	3	1	6	35	19
21	18	17	20	22	18	21	226	20
9	15	19	25	14	10	20	201	21
10	21	24	12	9	18	13	173	22
21	14	12	11	14	14	7	165	23
63	112	120	120	122	104	87	1,073	24
13	24	32	19	22	18	26	221	25
32	52	33	39	34	40	36	395	26
96	115	114	98	116	149	148	1,399	27
7	15	11	14	15	12	15	152	28
10	16	11	8	12	8	12	142	29
50	65	85	65	75	66	57	752	30
15	30	51	35	24	23	28	318	31
6	24	29	17	17	24	18	216	32
17	21	14	22	27	29	30	290	33
18	20	22	18	24	21	23	262	34
19	35	27	26	25	20	30	344	35
17	17	16	22	24	12	13	240	36
27	25	19	20	23	25	29	301	37
19	17	12	20	20	13	22	205	38
26	42	22	33	31	35	33	452	39
33	30	26	24	33	39	33	474	40
52	41	53	43	51	67	61	633	41
22	15	12	21	20	22	32	243	42
200	172	171	151	139	149	169	1,950	43
39	22	19	10	16	10	23	227	44
137	99	131	123	209	166	156	1,412	45

ANNUAL STATEMENT NO. III B.—Deaths registered in the Towns of

1	2							
No.	Divisions and Towns.			January.	February.	March.	April.	May.
	TENASSERIM DIVISION—concl'd.							
46	Mergui	...	...	67	87	79	71	53
47	Toungoo	...	...	64	55	99	106	64
48	Shwegyin	...	...	15	15	18	13	16
49	Myu	...	...	20	14	21	14	25
	MAGWE DIVISION.							
50	Thayetmyo	...	...	29	24	18	30	27
51	Allanmyo	...	...	32	16	34	50	56
52	Minbu	...	...	23	12	17	13	14
53	Salin	...	...	24	16	25	21	15
54	Magwe	...	...	23	14	28	13	25
55	Taungdwingyi	...	...	49	26	32	29	30
56	Yenangyaung	...	...	55	37	41	27	56
57	Chauk	...	...	21	23	25	23	37
58	Pakòkku	...	...	64	80	109	310	192
	MANDALAY DIVISION.							
59	Mandalay	...	...	358	273	349	316	407
60	Mandalay Cantonment	...	...	20	25	30	17	24
61	Maymyo	...	...	41	24	34	35	41
62	Maymyo Cantonment	...	...	5	4	2	4	7
63	Myitnge	...	...	11	7	12	12	9
64	Kyaukse	...	...	12	17	23	17	15
65	Meiktila	...	...	23	15	12	11	23
66	Myingyan	...	...	77	61	71	45	80
67	Nyaung-u	...	...	17	12	14	17	10
68	Yamèthin	...	...	13	14	10	10	15
69	Pyinmana	...	...	43	32	34	46	40
70	Pyawbwe	...	...	17	9	12	15	14
	SAGAING DIVISION.							
71	Shwebo	...	...	27	41	30	43	62
72	Ye-u	...	...	9	5	8	7	3
73	Sagaing	...	...	30	24	27	27	44
74	Myinmu	...	...	10	4	11	11	18
75	Monywa	...	...	21	25	22	23	27
	Total for Towns			3,547	3,052	3,483	3,499	3,492
	Ratio per mille for Towns			29.56	28.16	29.03	30.14	29.11
	Total for the Province			20,041	15,479	17,411	18,832	17,420
	Ratio per mille* for the Province			19.50	16.67	16.94	18.93	16.95
	TOWNS FOR WHICH CORRESPONDING RURAL FIGURES ARE NOT GIVEN IN VIA.							
1	Bhamo	...	...	13	9	16	9	25
2	Myitkyina	...	...	26	12	11	12	25
3	Mawlaik	...	...	8	1	11	7	14
4	Lashio	...	...	10	9	17	8	15
5	Taunggyi	...	...	16	17	17	19	19
6	Kalaw	...	...	7	4	5	5	5

* The ratios should be calculated with

Burma during each month of the year 1935—concl'd.

3							4	1
June.	July.	August.	September.	October.	November.	December.	Total deaths registered during the year.	No.
68	151	111	102	105	75	70	1,039	46
47	55	56	52	52	31	45	726	47
12	15	17	9	12	18	16	176	48
17	25	24	23	18	20	18	239	49
13	33	27	22	24	32	43	322	50
28	30	29	21	18	51	24	389	51
5	11	11	10	14	18	13	161	52
21	18	14	16	9	15	19	213	53
21	16	20	17	24	41	22	264	54
24	32	30	43	26	33	47	411	55
47	22	25	32	35	83	60	520	56
13	14	21	21	11	31	23	263	57
76	63	57	64	82	88	65	1,250	58
347	403	373	366	410	571	596	4,769	59
22	28	28	26	24	47	32	323	60
43	39	53	33	39	46	44	472	61
5	4	7	1	4	5	3	51	62
8	6	7	7	11	11	6	107	63
9	11	16	14	18	23	22	197	64
16	21	13	22	19	35	23	233	65
55	81	68	89	94	89	77	887	66
9	23	23	24	23	26	46	244	67
15	19	15	14	26	37	46	234	68
40	59	57	47	43	63	57	561	69
20	18	29	21	19	33	45	252	70
29	36	30	25	32	25	22	402	71
11	10	5	8	7	7	6	86	72
37	24	12	23	31	44	45	368	73
10	14	18	8	10	15	19	148	74
18	39	30	43	42	40	46	376	75
3,221	3,716	3,569	3,417	3,700	3,983	3,948	42,627	
27·74	30·97	29·75	29·43	30·84	34·31	32·91	30·18	
17,867	24,195	23,643	21,282	23,953	22,387	24,625	247,135	
17·96	23·54	23·00	21·40	23·30	22·51	23·96	20·42	
18	26	35	31	25	28	14	249	1
24	19	17	16	21	27	14	224	2
7	9	9	6	7	18	12	109	3
8	17	20	18	22	25	22	191	4
18	31	13	19	15	18	26	228	5
3	6	6	4	13	11	12	81	6

reference to the number of days in each month.

ANNUAL STATEMENT No. IV.—Deaths registered according to Ages.

1 No.	2 Divisions and Districts.	3		4		5		6		7	
		Under 1 year.		1 year and under 5.		5 and under 10.		10 and under 15.		15 and under 20.	
		Males.	Females	Males.	Females	Males.	Females	Males.	Females	Males.	Females.
ARAKAN DIVISION.											
1	Akyab ...	1,562	1,354	1,024	1,016	433	402	210	185	225	253.
2	Kyaukpyu ...	589	552	226	216	122	77	45	45	57	56.
3	Sadoway ...	544	485	145	189	102	79	29	30	34	33.
PEGU DIVISION.											
4	Rangoon ...	1,407	1,196	398	411	99	96	87	80	154	140.
5	Pegu ...	1,410	1,174	358	391	126	142	109	86	167	115.
6	Tharrawaddy ...	2,025	1,729	524	518	167	166	154	127	198	131.
7	Hanthawaddy ...	1,031	817	423	428	152	147	80	66	91	120.
8	Insein ...	875	754	354	384	144	160	80	84	102	98.
9	Prome ...	2,106	1,678	586	645	213	219	129	139	137	134.
IRRAWADDY DIVISION.											
10	Bassein ...	1,237	1,008	358	347	268	207	232	198	259	253.
11	Henzada ...	1,387	1,106	495	462	194	178	149	150	199	227.
12	Myaungmya ...	1,491	1,292	593	547	236	223	108	111	170	155.
13	Maubin ...	1,367	1,162	530	508	156	154	105	97	142	113.
14	Pyapôn ...	847	701	347	394	232	201	116	103	143	153.
TENASSERIM DIVISION.											
15	Thatôn ...	1,074	876	577	595	208	198	172	138	189	191.
16	Amherst ...	1,297	1,161	561	624	208	213	141	108	210	183.
17	Tavoy ...	569	471	370	351	187	186	67	70	130	80.
18	Mergui ...	390	312	278	249	167	167	146	107	145	117.
19	Toungoo ...	1,424	1,201	468	470	194	202	131	129	199	133.
MAGWE DIVISION.											
20	Thayetmyo ...	741	586	265	291	96	84	52	30	39	48.
21	Minbu ...	1,052	843	454	398	146	117	77	71	96	87.
22	Magwe ...	1,493	1,230	549	585	155	150	99	99	127	127.
23	Pakôkku ...	1,915	1,791	1,040	1,043	338	343	220	175	182	233.
MANDALAY DIVISION.											
24	Mandalay ...	1,841	1,494	474	415	144	131	101	91	144	135.
25	Kyauksè ...	631	564	183	152	103	100	105	92	102	80.
26	Meiktila ...	1,028	852	307	297	77	99	82	94	105	85.
27	Myingyan ...	1,153	933	427	430	165	195	97	81	139	142.
28	Yamèthin ...	1,667	1,372	438	407	164	185	130	125	130	116.
SAGAING DIVISION.											
29	Shwebo ...	2,817	2,436	624	625	185	204	134	98	182	160.
30	Sagaing ...	1,578	1,313	431	482	126	117	102	115	91	106.
31	Lower Chindwin ...	1,801	1,583	554	561	158	127	106	90	136	145.
Total, Deaths ...		40,349	34,026	14,361	14,431	5,465	5,269	3,595	3,214	4,424	4,149.
Total, Population		156,129	165,140	655,253	680,262	754,499	742,497	705,048	679,505	574,397	593,405.
Total Ratio per 1,000 living.		258·43	206·04	21·92	21·21	7·24	7·10	5·10	4·73	7·70	6·99.

and Sexes in the Districts of Burma during the year 1935. (Paragraph 9.)

8		9		10		11		12		13		1
20 and under 30.		30 and under 40.		40 and under 50.		50 and under 60.		60 and upwards.		Total (all ages)		No.
Males	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	
544	660	621	476	492	307	500	336	911	712	6,522	5,701	1
122	177	115	161	130	101	119	92	354	368	1,879	1,845	2
59	86	63	77	69	70	71	61	255	204	1,371	1,314	3
699	480	936	436	790	284	621	296	847	610	6,038	4,029	4
378	342	445	357	382	245	337	234	666	570	4,378	3,656	5
392	417	415	414	374	302	342	329	725	676	5,316	4,809	6
304	339	365	355	353	203	327	270	960	759	4,086	3,504	7
299	267	336	282	363	208	289	196	599	555	3,441	2,988	8
357	358	421	379	418	318	399	357	707	725	5,473	4,952	9
434	349	465	391	397	332	338	282	549	536	4,537	3,903	10
398	377	428	454	399	362	339	321	684	675	4,672	4,312	11
401	448	518	428	416	272	337	267	800	642	5,070	4,385	12
284	325	304	340	348	263	259	217	816	639	4,311	3,818	13
480	475	748	653	779	622	567	473	622	468	4,881	4,243	14
402	477	477	490	446	371	432	325	827	648	4,804	4,309	15
447	492	535	464	450	298	378	271	908	766	5,135	4,580	16
356	317	344	282	298	207	256	172	501	440	3,078	2,576	17
279	291	357	268	302	189	237	137	325	251	2,626	2,088	18
417	432	481	393	402	258	302	246	603	608	4,621	4,072	19
110	154	148	139	137	101	116	125	279	276	1,983	1,834	20
207	271	215	253	221	222	259	215	514	530	3,241	3,007	21
301	327	334	332	267	201	257	195	665	645	4,247	3,891	22
421	561	547	581	447	392	423	395	989	1,137	6,522	6,651	23
394	370	460	417	418	291	381	249	722	812	5,079	4,405	24
115	140	147	154	154	131	198	151	304	272	2,042	1,836	25
188	264	191	200	154	136	147	146	477	564	2,756	2,737	26
248	293	259	260	225	180	252	176	650	738	3,615	3,428	27
245	286	265	296	243	209	234	178	539	491	4,055	3,665	28
378	415	329	374	339	279	336	292	896	985	6,220	5,868	29
231	269	281	260	195	214	250	198	709	793	3,994	3,867	30
261	290	276	286	238	229	212	199	711	906	4,453	4,416	31
10,151	10,749	11,826	10,652	10,646	7,797	9,515	7,401	20,114	19,001	130,446	116,689	
1,138,501	1,089,344	904,240	760,641	593,857	528,782	387,136	372,161	313,569	307,924	6,182,629	5,919,661	
8'92	9'87	13'08	14'00	17'93	14'75	24'58	19'89	64'15	61'71	21'10	19'71	

and Sexes under one year in the Districts of Burma during the year 1935.

Over one month and not exceeding six months.			Over six months and not exceeding twelve months.			Total male, columns 5, 10 and 13.	Total female, columns 8, 11 and 14.	Total.	No.
Male.	Female.	Total.	Male.	Female.	Total.				
(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
993	825	1,818	294	309	603	1,562	1,354	2,916	1
381	360	741	124	113	237	589	552	1,141	2
372	332	704	54	68	122	544	485	1,029	3
740	591	1,331	241	227	468	1,407	1,196	2,603	4
934	803	1,737	206	142	384	1,410	1,174	2,584	5
1,334	1,120	2,454	375	319	694	2,025	1,729	3,754	6
590	450	1,040	160	152	312	1,031	817	1,848	7
519	434	953	135	125	260	875	754	1,629	8
1,432	1,149	2,581	329	273	602	2,106	1,678	3,784	9
650	532	1,182	261	224	485	1,237	1,008	2,245	10
789	634	1,423	262	241	503	1,387	1,106	2,493	11
942	826	1,768	215	192	407	1,491	1,292	2,783	12
855	664	1,519	224	206	430	1,367	1,162	2,529	13
523	416	939	117	111	228	847	701	1,548	14
685	573	1,258	197	150	347	1,074	876	1,950	15
611	579	1,190	372	337	709	1,297	1,161	2,458	16
399	334	733	73	63	136	569	471	1,040	17
200	147	347	70	54	124	390	312	702	18
928	835	1,763	233	162	395	1,424	1,201	2,625	19
522	404	926	107	103	210	741	586	1,327	20
622	467	1,089	156	165	321	1,052	843	1,895	21
813	690	1,503	261	228	489	1,493	1,230	2,723	22
868	837	1,705	357	358	715	1,915	1,791	3,706	23
964	757	1,721	284	257	541	1,841	1,494	3,335	24
223	209	432	156	153	309	631	564	1,195	25
718	592	1,310	138	115	253	1,028	852	1,880	26
555	446	1,001	254	247	501	1,153	933	2,086	27
1,034	851	1,885	258	229	487	1,667	1,372	3,039	28
1,572	1,364	2,936	384	385	769	2,817	2,436	5,253	29
823	670	1,493	248	251	499	1,578	1,313	2,891	30
93	791	1,728	271	255	526	1,801	1,583	3,384	31
23,528	19,682	43,210	6,816	6,214	13,030	40,349	34,026	74,375	
...	...	...	...	...	...	197'90	173'70	186'04	

ANNUAL STATEMENT NO. IV-A.—Deaths registered according to Ages and Sexes in
(Para

1 No.	2 Divisions and Towns.	3		4		5		6		7	
		Under 1 year.		1 year and under 5.		5 and under 10.		10 and under 15.		15 and under 20.	
		Males.	Females	Males.	Females	Males.	Females	Males.	Females	Males.	Females
ARAKAN DIVISION.											
1	Akyab ...	77	67	19	19	2	5	5	3	25	13
PEGU DIVISION.											
2	Rangoon ...	1,405	1,196	398	411	99	96	87	80	154	139
3	Rangoon Cantonment	2	...	...	...	...	...	...	...	...	1
4	Pegu ...	118	91	25	33	11	17	6	5	11	11
5	Letpadan ...	27	30	9	12	...	5	4	1	4	2
6	Syriam ...	46	39	10	15	6	4	3	2	5	7
7	Insein ...	68	58	25	30	4	11	5	6	15	10
8	Prome ...	184	171	60	58	19	13	12	11	24	23
9	Paungdè ...	65	58	21	18	3	7	3	3	4	4
IRRAWADDY DIVISION.											
10	Bassein ...	239	164	52	69	17	19	18	16	19	22
11	Henzada ...	122	106	30	41	9	14	13	8	11	10
12	Pyapôn ...	50	23	23	20	14	7	5	4	5	3
13	Kyaiklat ...	58	43	30	40	15	5	7	4	6	5
TENASSERIM DIVISION.											
14	Thatôn ...	86	61	23	35	7	12	8	7	12	7
15	Moulmein ...	195	172	94	87	41	35	28	13	44	32
16	Tavoy ...	147	130	52	50	22	29	12	13	51	26
17	Mergui ...	118	107	43	44	31	32	39	50	56	53
18	Toungoo ...	48	47	44	41	22	17	18	18	18	13
MAGWE DIVISION.											
19	Allanmyo ...	68	60	32	35	13	18	3	3	3	1
20	Yenangyaung ...	92	52	34	39	10	6	5	7	12	11
21	Chauk ...	40	39	10	16	6	8	2	2	4	7
22	Pakôkku ...	196	180	78	76	43	49	19	31	15	21
MANDALAY DIVISION.											
23	Mandalay ...	1,013	786	218	173	57	50	44	48	66	56
24	Mandalay Cantmt.	70	57	17	10	...	2	1	2	2	5
25	Maymyo ...	83	77	17	35	4	3	3	2	8	12
26	Maymyo Cantmt.	16	10	7	2	...	...	...	...	1	1
27	Myingyan ...	227	156	39	26	10	9	7	8	18	7
28	Pyinmana ...	104	79	26	26	8	6	5	2	7	3
SAGAING DIVISION.											
29	Shwebo ...	68	62	15	22	11	13	10	5	8	12
30	Sagaing ...	77	53	19	15	4	3	2	6	6	3
31	Mônnya ...	105	65	12	19	4	6	5	3	5	4
Total of Towns, Burma.		5,214	4,239	1,482	1,517	492	501	379	363	619	524
Total, Population ...		10,332	10,564	40,261	40,785	51,779	48,179	54,045	46,734	72,223	46,696
Total, Ratio per 1,000 living.		504·65	401·27	36·81	37·20	9·50	10·40	7·01	7·77	8·57	11·22

the Towns of Burma having a population of 10,000 and above during the year 1935.
graph 9).

8		9		10		11		12		13		1
20 and under 30.		30 and under 40.		40 and under 50.		50 and under 60.		60 and upwards.		Total (all ages).		No.
Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	
95	24	71	17	58	17	60	19	70	56	482	240	1
699	479	936	436	790	284	621	296	845	610	6,034	4,027	2
...	1	...	...	...	...	..	...	2	...	4	2	3
40	30	66	33	60	28	53	25	68	37	458	310	4
7	13	17	12	11	11	9	9	29	23	117	118	5
20	19	37	10	39	11	14	12	29	23	209	142	6
32	19	44	22	36	12	27	14	37	46	293	228	7
63	46	76	46	64	18	45	22	58	60	605	468	8
24	14	30	12	26	10	22	9	40	22	238	157	9
98	50	149	58	96	38	70	24	91	90	849	550	10
38	26	57	27	50	23	34	29	49	55	413	339	11
39	16	56	14	45	15	36	11	42	24	315	137	12
33	19	29	20	38	22	24	15	39	22	279	195	13
35	39	41	35	32	22	30	12	81	48	355	278	14
119	95	141	88	140	65	108	62	211	180	1,121	829	15
124	85	112	76	107	55	66	40	107	108	800	612	16
66	63	57	53	57	34	36	22	45	33	448	491	17
70	61	70	31	41	27	39	12	41	48	411	315	18
11	9	16	17	15	11	9	7	21	37	191	198	19
35	18	32	23	17	16	28	13	36	34	301	219	20
15	12	22	10	15	4	11	6	26	8	151	112	21
46	54	46	56	42	44	37	35	84	98	606	644	22
186	146	260	194	228	141	203	126	370	404	2,645	2,124	23
20	12	23	7	16	7	12	6	34	20	195	128	24
42	24	38	15	18	9	14	13	26	29	253	219	25
4	2	1	1	2	2	1	...	1	...	33	18	26
44	35	50	38	28	30	36	9	57	53	516	371	27
32	23	36	16	28	16	17	14	65	48	328	233	28
19	17	22	18	28	5	15	5	22	25	218	184	29
17	8	21	10	14	14	22	14	31	29	213	155	30
17	9	15	10	19	3	10	8	27	30	219	157	31
2,090	1,468	2,571	1,405	2,160	994	1,709	889	2,684	2,300	19,400	14,200	
179,693	89,590	136,649	63,527	73,440	41,275	34,964	26,482	21,177	21,581	674,563	435,413	
11'63	16'39	18'81	22'12	29'41	24'08	48'88	33'57	126'74	106'58	28'76	32'61	

Deaths by Ages and Sexes under One year in the Towns having a population of 10,000 the year 1935.

Over one month and not exceeding six months.			Over six months and not exceeding twelve months			Total Male, columns 5, 10 and 13.	Total Female, columns 8, 11 and 14.	Total.	No.
Male.	Female.	Total.	Male.	Female.	Total.				
(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(1)
36	31	67	11	13	24	77	67	144	1
740	591	1,331	241	227	468	1,405	1,196	2,601	2
...	..	...	...	...	...	2	...	2	3
56	51	107	19	11	30	118	91	209	4
10	11	21	8	6	14	27	30	57	5
27	24	51	5	4	9	46	39	85	6
43	31	74	7	10	17	68	58	126	7
80	79	159	46	43	89	184	171	355	8
49	42	91	8	8	16	65	58	123	9
136	104	240	26	17	43	239	164	403	10
70	64	134	16	16	32	122	106	228	11
32	10	42	6	7	13	50	23	73	12
29	26	55	9	4	13	58	43	101	13
40	28	68	10	6	16	86	61	147	14
94	97	191	26	27	53	195	172	367	15
100	82	182	15	17	32	147	130	277	16
52	35	87	22	22	44	118	107	225	17
28	27	55	4	8	12	48	47	95	18
39	34	73	16	18	34	68	60	128	19
39	32	71	22	12	34	92	52	144	20
23	20	43	7	9	16	40	39	79	21
106	94	200	37	44	81	196	180	376	22
548	416	964	140	108	248	1,013	786	1,799	23
36	23	59	5	10	15	70	57	127	24
52	35	87	11	13	24	83	77	160	25
8	7	15	...	1	1	16	10	26	26
127	94	221	16	25	41	227	156	383	27
55	43	98	11	8	19	104	79	183	28
34	35	69	11	6	17	68	62	130	29
51	34	85	7	3	10	77	53	130	30
51	39	90	17	6	23	105	65	170	31
2,791	2,239	5,030	779	709	1,488	5,214	4,239	9,453	
...	...	...	...	...	...	266.12	234.06	250.72	

ANNUAL STATEMENT NO. V.—Deaths registered according

1 No.	2 Divisions and Districts.	3 Population (Census 1931).					Total.
		Christians.	Mahome- dans.	Hindus.	Burmese or Buddhists.	Other classes.	
ARAKAN DIVISION.							
1	Akyab	398	242,381	16,685	337,661	38,407	635,532
2	Kyaukpyu	212	6,694	768	195,152	17,466	220,292
3	Sandoway	1,258	6,286	696	118,322	2,683	129,245
PEGU DIVISION.							
4	Rangoon	30,888	70,791	140,901	135,466	22,369	400,415
5	Pegu	11,387	11,021	41,057	419,365	6,981	489,811
6	Tharrawaddy	7,140	5,511	9,068	481,051	3,040	505,810
7	Hanthawaddy	6,450	13,535	52,247	331,684	4,915	408,831
8	Insein	20,409	10,249	31,283	262,677	6,834	331,452
9	Prome	1,486	4,958	7,871	389,593	6,743	410,651
IRRAWADDY DIVISION.							
10	Bassein	39,738	11,393	15,647	499,482	4,783	571,043
11	Henzada	15,525	5,826	7,279	584,495	2,664	615,789
12	Myaungmya	24,091	15,150	13,083	386,071	6,389	444,784
13	Maubin	14,252	6,266	8,537	339,971	2,483	371,509
14	Pyapôn	12,085	7,162	22,560	287,659	4,692	334,158
TENASSERIM DIVISION.							
15	Thatôn	5,663	16,047	22,612	483,981	4,325	532,628
16	Amherst	9,385	31,865	24,645	438,021	12,317	516,233
17	Tavoy	4,487	3,051	3,733	164,579	4,114	179,964
18	Mergui	9,461	14,551	7,700	123,865	6,410	161,987
19	Toungoo	42,294	9,661	23,775	340,955	12,143	428,828
MAGWE DIVISION.							
20	Thayetmyo	511	1,995	2,276	253,442	15,953	274,177
21	Minbu	152	1,446	2,016	269,194	5,068	277,876
22	Magwe	2,388	5,286	10,314	478,521	3,064	499,573
23	Pakôkku	328	1,166	1,358	492,318	4,011	499,181
MANDALAY DIVISION.							
24	Mandalay	9,684	24,456	28,386	304,476	4,634	371,636
25	Kyauksè	628	7,300	1,419	141,513	460	151,320
26	Meiktila	501	4,931	3,381	300,745	441	309,999
27	Myingyan	384	1,345	2,284	468,070	474	472,557
28	Yamèthin	2,514	15,343	7,323	360,353	5,287	390,820
SAGAING DIVISION.							
29	Shwebo	2,504	9,112	3,463	430,672	1,039	446,790
30	Sagaing	869	3,044	2,690	329,040	322	335,965
31	Lower Chindwin	308	1,156	1,338	380,084	548	383,434
Total, Burma		277,380	568,978	516,395	10,528,478	211,059	12,102,290

to classes in the Districts of Burma during the year 1935. (Paragraph 9.)

4						5						1
Number of deaths registered.						Ratio of deaths per 1,000 of population.						No.
Chris- tians.	Maho- medans.	Hindus.	Burmese or Buddhists	Other classes.	Total.	Chris- tians.	Maho- medans.	Hindus.	Burmese or Buddhists	Other classes.	Total.	
2	4,601	146	6,777	697	12,223	5.03	18.98	8.75	20.07	18.15	19.23	1
11	129	6	3,297	281	3,724	51.89	19.27	7.81	16.89	16.09	16.90	2
32	103	2	2,479	69	2,685	25.44	16.39	2.87	20.95	25.72	29.77	3
544	1,425	3,440	4,487	171	10,067	17.61	20.13	24.41	33.12	7.64	25.14	4
160	166	453	6,992	263	8,034	14.05	15.06	11.03	16.67	37.67	16.40	5
114	100	177	9,629	105	10,125	15.97	18.15	19.52	20.02	34.54	20.02	6
89	215	581	6,453	252	7,590	13.80	15.88	11.12	19.46	51.27	18.57	7
292	163	525	5,311	138	6,429	14.31	15.90	16.78	20.22	20.19	19.40	8
35	116	217	9,883	174	10,425	23.55	23.40	27.57	25.37	25.80	25.39	9
421	222	295	7,470	32	8,440	10.59	19.49	18.85	14.96	6.69	14.78	10
93	74	110	8,678	29	8,984	5.99	12.70	15.11	14.85	10.89	14.59	11
527	227	221	8,255	225	9,455	21.88	14.98	16.89	21.38	35.22	21.26	12
134	98	84	7,724	89	8,129	9.40	15.64	9.84	22.72	35.84	21.88	13
232	120	334	8,095	343	9,124	19.20	16.76	14.80	28.14	73.10	27.30	14
73	217	241	8,382	200	9,113	12.89	13.52	10.66	17.32	46.24	17.11	15
144	735	595	8,137	104	9,715	15.34	23.07	24.14	18.58	8.44	18.82	16
74	117	154	5,145	164	5,654	16.49	38.35	41.25	31.26	39.86	31.42	17
228	431	216	3,468	371	4,714	24.10	29.62	28.05	28.00	57.88	29.10	18
593	211	359	7,282	248	8,693	14.02	21.84	15.10	21.36	20.42	20.27	19
8	52	33	3,673	51	3,817	15.66	26.07	14.50	14.49	3.20	13.92	20
1	18	19	6,204	6	6,248	6.58	12.45	9.42	23.05	1.18	22.48	21
15	75	88	7,943	17	8,138	6.28	14.19	8.53	16.60	5.55	16.29	22
...	9	7	13,125	32	13,173	...	7.72	5.15	26.66	7.98	26.39	23
214	687	693	7,757	133	9,484	22.10	28.09	24.41	25.48	28.70	25.52	24
6	186	52	3,629	5	3,878	9.55	25.48	36.65	25.64	10.87	25.63	25
3	103	40	5,322	25	5,493	5.99	20.89	11.83	17.70	56.69	17.72	26
3	33	25	6,968	14	7,043	7.81	24.54	10.95	14.89	29.54	14.90	27
29	317	148	7,179	47	7,720	11.54	20.66	20.21	19.92	8.89	19.75	28
26	170	36	11,831	25	12,088	10.38	18.66	10.40	27.47	24.06	27.06	29
...	78	27	7,749	7	7,861	...	25.62	10.04	23.55	21.74	23.40	30
3	23	22	8,817	4	8,869	9.74	19.90	16.44	23.20	7.30	23.13	31
4,106	11,221	9,346	218,141	4,321	247,135	14.80	19.72	18.10	20.72	20.47	20.42	

SUPPLEMENTARY ANNUAL STATEMENT NO. V-A.—Deaths registered according

1 No.	2 Divisions and Districts.	3 Population (Census 1931).							
		Christians.		Mahomedans.		Hindus.		Burmese or Buddhists.	
		Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
ARAKAN DIVISION.									
1	Akyab	255	143	132,976	109,405	15,044	1,641	170,099	167,562
2	Kyaukpyu	104	108	3,736	2,958	716	52	94,038	101,114
3	Sandoway	664	594	3,476	2,810	606	90	58,022	60,300
PEGU DIVISION.									
4	Rangoon	17,094	13,794	56,147	14,644	112,735	28,166	69,936	65,530
5	Pegu	5,702	5,685	7,912	3,109	27,279	13,778	208,666	210,699
6	Tharrawaddy	4,512	2,628	3,897	1,614	6,995	2,073	233,967	247,084
7	Hanthawaddy	3,696	2,754	9,570	3,965	35,741	16,506	166,559	165,125
8	Insein	10,559	9,850	6,969	3,280	22,244	9,039	131,650	131,027
9	Prome	832	654	3,345	1,613	5,955	1,916	189,346	200,247
IRRAWADDY DIVISION.									
10	Bassein	19,647	20,091	8,228	3,165	13,366	2,281	247,527	251,955
11	Henzada	7,654	7,871	3,764	2,062	5,889	1,390	285,957	298,538
12	Myaungmya	12,302	11,789	12,071	3,079	11,534	1,549	195,197	190,874
13	Maubin	6,905	7,347	4,683	1,583	7,334	1,203	168,194	171,777
14	Pyapôn	6,346	5,739	6,182	980	16,987	5,573	146,589	141,070
TENASSERIM DIVISION.									
15	Thatôn	2,840	2,823	10,386	5,661	14,853	7,759	244,310	239,671
16	Amherst	4,648	4,737	18,912	12,953	17,758	6,887	222,552	215,469
17	Tavoy	2,310	2,177	1,934	1,117	3,190	543	82,292	82,287
18	Mergui	4,964	4,497	7,849	6,702	5,709	1,991	62,713	61,152
19	Toungoo	21,371	20,923	6,473	3,188	15,328	8,447	170,327	170,628
MAGWE DIVISION.									
20	Thayetmyo	287	224	1,256	739	1,727	549	124,297	129,145
21	Minbu	85	67	1,021	425	1,707	309	131,149	138,045
22	Magwe	1,581	807	4,153	1,133	8,928	1,386	234,162	244,359
23	Pakôkku	220	108	900	266	1,161	197	236,756	255,562
MANDALAY DIVISION.									
24	Mandalay	5,508	4,176	14,053	10,403	19,224	9,162	149,491	154,985
25	Kyauksé	306	322	3,712	3,588	1,154	265	69,383	72,130
26	Meiktila	274	227	2,609	2,322	2,509	872	141,447	159,298
27	Myingyan	221	163	914	431	1,778	506	225,525	242,545
28	Yaméthin	1,390	1,124	8,126	7,217	5,130	2,193	176,535	183,818
SAGAING DIVISION.									
29	Shwebo	1,339	1,165	4,775	4,337	2,671	792	204,650	226,022
30	Sagaing	408	461	1,704	1,340	1,888	802	155,655	173,385
31	Lower Chindwin	187	121	833	323	994	344	176,154	203,930
	Total, Burma	144,211	133,169	352,566	216,412	388,134	128,261	5,173,145	5,355,333

to Sex in the four main classes in the Districts of Burma during the year 1935.

4								5								1
Number of deaths registered.								Ratio of deaths per 1,000 of population.								No.
Christians.		Mahomedans.		Hindus.		Burmese or Buddhists.		Christians.		Mahomedans.		Hindus.		Burmese or Buddhists.		
Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	
1	1	2,517	2,084	119	27	3,517	3,260	3·92	6·99	18·93	19·05	7·91	16·45	20·68	19·46	1
4	7	67	62	4	2	1,670	1,627	38·46	64·81	17·93	20·96	5·59	38·46	17·76	16·09	2
19	13	53	50	2	...	1,269	1,210	28·61	21·89	15·25	17·79	3·30	...	21·87	20·07	3
294	250	919	506	2,266	1,174	2,440	2,047	17·20	18·12	16·37	34·55	20·10	41·68	34·89	31·24	4
101	59	108	58	324	129	3,669	3,323	17·71	10·38	13·65	18·66	11·88	9·36	17·58	15·77	5
60	54	66	34	108	69	5,024	4,605	13·30	20·55	16·94	21·07	15·44	33·29	21·47	18·64	6
47	42	127	88	368	213	3,377	3,076	12·72	15·25	13·27	22·19	10·30	12·90	20·28	18·63	7
151	141	94	69	317	208	2,782	2,529	14·30	14·31	13·49	21·04	14·25	23·01	21·13	19·31	8
14	21	70	46	145	72	5,143	4,740	16·83	32·11	20·93	28·52	24·35	37·58	27·16	23·67	9
212	209	145	77	219	76	3,938	3,532	10·79	10·40	17·62	24·33	16·38	33·32	15·91	14·02	10
52	41	42	32	77	33	4,482	4,196	6·79	5·21	11·16	15·52	13·08	23·74	15·67	14·06	11
263	264	157	70	179	42	4,303	3,952	21·38	22·39	13·01	22·73	15·52	27·11	22·04	20·70	12
71	63	55	43	63	21	4,061	3,663	10·28	8·57	11·74	27·16	8·59	17·46	24·14	21·32	13
128	104	81	39	253	81	4,185	3,910	20·17	18·12	13·10	39·80	14·89	14·53	28·55	27·72	14
41	32	127	90	171	70	4,341	4,041	14·44	11·34	12·23	15·90	11·51	9·02	17·77	16·86	15
77	67	440	295	381	214	4,163	3,974	16·57	14·14	23·27	22·77	21·46	31·07	18·71	18·44	16
31	43	62	55	130	24	2,730	2,415	13·42	19·75	32·06	49·24	40·75	44·20	33·17	29·35	17
127	101	226	205	118	98	1,950	1,518	25·58	22·46	28·79	30·59	20·67	49·22	31·09	24·82	18
319	274	120	91	237	122	3,786	3,496	14·93	13·10	18·54	28·54	15·46	14·44	22·23	20·49	19
1	7	30	22	23	10	1,909	1,764	3·48	31·25	23·89	29·77	13·32	18·21	15·36	13·66	20
1	...	11	7	15	4	3,209	2,995	11·76	...	10·77	16·47	8·79	12·94	24·47	21·70	21
6	9	54	21	64	24	4,113	3,830	3·80	11·15	13·00	18·53	7·17	17·32	17·56	15·67	22
...	...	7	2	4	3	6,499	6,626	...	...	7·78	7·52	3·45	15·23	27·45	25·93	23
117	97	366	321	434	259	4,071	3,686	21·24	23·23	26·04	30·86	22·58	28·27	27·23	23·78	24
4	2	88	98	27	25	1,918	1,711	13·07	6·21	23·71	27·31	23·40	94·34	27·64	23·72	25
1	2	66	37	28	12	2,642	2,680	3·65	8·81	25·30	15·93	11·16	13·76	18·68	16·82	26
3	...	25	8	21	4	3,554	3,414	13·57	...	27·35	18·56	11·81	7·91	15·76	14·08	27
14	15	173	144	108	40	3,729	3,450	10·07	13·35	21·29	19·95	21·05	18·24	21·12	18·77	28
16	10	92	78	24	12	6,071	5,760	11·95	8·58	19·27	17·98	8·99	15·15	29·67	25·48	29
...	...	45	33	18	9	3,925	3,824	...	...	26·41	24·63	9·53	11·22	25·22	22·05	30
2	1	14	9	16	6	4,417	4,400	10·70	8·26	16·81	27·86	16·10	17·44	25·07	21·58	31
2 177	1,929	6,447	4,774	6,263	3,083	112,887	105,254	15·10	14·49	18·29	22·06	16·14	24·04	21·82	19·65	

ANNUAL STATEMENT NO. VI-A.—*Births and Deaths from different causes, registered*
17, 19, 21,

1 No.	2 Divisions and Districts.	3 Population (Census 1931).	4 Births.				5 Cholera.	6 Small-pox.	7 Plague.	8 Fevers.	9 Dysentery and Diarrhoea.	10 Respiratory Diseases.
			Births.			Birth rate.						
			Male.	Female.	Total.							
ARAKAN DIVISION.												
1	Akyab ...	595,194	10,215	9,291	19,506	32.77	457	...	...	7,648	407	362
2	Kyaukpyu ...	216,060	3,383	3,207	6,590	30.50	252	...	...	1,486	215	56
3	Sandoway ...	125,175	2,190	2,065	4,255	33.99	12	...	...	1,383	22	34
PEGU DIVISION.												
4	Pegu ...	460,395	6,195	5,883	12,078	26.23	25	33	23	2,091	18	25
5	Tharrawaddy ...	454,471	8,539	8,275	16,814	37.00	17	1	39	3,597	158	52
6	Hanthawaddy ...	384,785	6,746	6,350	13,096	34.03	152	26	...	1,632	101	92
7	Insein ...	279,595	4,236	3,984	8,220	29.40	35	32	8	1,735	76	36
8	Prome ...	360,469	6,855	6,455	13,310	36.92	118	6	15	4,057	200	11
IRRAWADDY DIVISION.												
9	Bassein ...	514,135	6,692	6,360	13,052	25.39	182	4	12	3,145	331	113
10	Henzada ...	571,395	7,030	6,731	13,761	24.08	148	24	41	3,426	149	54
11	Myaungmya ...	419,905	6,988	6,642	13,630	32.46	255	2	...	2,295	177	44
12	Maubin ...	346,353	6,405	6,042	12,447	35.94	438	6	...	2,595	104	58
13	Pyapôn ...	311,162	4,918	4,906	9,824	31.57	387	3	6	2,086	325	261
TENASSERIM DIVISION.												
14	Thatôn ...	509,166	6,557	6,399	12,956	25.45	501	5	118	4,618	105	4
15	Amherst ...	444,152	7,774	7,346	15,120	34.04	477	4	14	1,867	111	244
16	Tavoy ...	150,946	3,110	3,003	6,113	40.50	310	1	...	2,534	162	75
17	Mergui ...	141,582	2,357	2,332	4,689	33.12	718	18	...	1,498	472	75
18	Toungoo ...	391,922	6,178	6,011	12,189	31.10	...	78	33	3,498	130	31
MAGWE DIVISION.												
19	Thayetmyo ...	252,387	2,820	2,623	5,443	21.57	68	28	...	1,382	18	1
20	Minbu ...	265,217	4,899	4,463	9,362	35.30	16	8	19	2,915	61	34
21	Magwe ...	459,097	6,257	6,206	12,463	27.15	63	33	88	3,735	32	15
22	Pakôkku ...	476,066	9,320	9,552	18,872	39.64	817	59	...	4,902	339	24
MANDALAY DIVISION.												
23	Mandalay ...	196,687	2,754	2,759	5,513	28.03	2	15	13	1,740	14	4
24	Kyauksè ...	143,967	2,494	2,527	5,021	34.88	...	22	...	1,674	214	157
25	Meiktila ...	301,169	5,554	5,356	10,910	36.23	1	61	163	1,253	50	12
26	Myingyan ...	438,982	5,114	5,032	10,146	23.11	51	82	46	1,273	89	43
27	Yamèthin ...	358,090	6,819	6,833	13,652	38.12	...	9	23	2,457	31	6
SAGAING DIVISION.												
28	Shwebo ...	431,765	11,052	10,781	21,833	50.57	3	93	23	6,297	79	42
29	Sagaing ...	316,766	6,963	6,869	13,832	43.67	102	69	102	2,016	73	5
30	Lower Chindwin ...	372,634	8,622	8,585	17,207	46.18	123	2	...	3,108	167	1,095
Total, Rural Districts, Burma.		10,689,689	179,036	172,868	351,904	32.92	5,730	724	786	83,943	4,430	3,065

in the Rural Districts of Burma during the year 1935. (Paragraphs 9, 10, 12, 14, 15, 23, 24 and 31.)

11							12	13	14										1
Injuries.							All other causes.	Total deaths from all causes.	Ratio of Deaths per 1,000 of population.										No.
Suicide.		Wounding or accident.	Snake-bite.	Killed by wild beasts.	Rabies.	Total.			Cholera.	Small-pox.	Plague.	Fevers.	Dysentery and Diarrhoea.	Respiratory Diseases.	Injuries.	All other causes.	From all causes.		
Male.	Female.						For the year.	Mean of previous five years											
3	4	102	3	1	3	116	2,457	11,447	0.77	...	...	12.85	0.68	0.61	0.19	4.13	19.23	17.24	1
1	4	26	1	2	1	35	1,614	3,658	1.17	...	...	6.88	1.00	0.26	0.16	7.47	16.93	17.29	2
...	3	39	...	...	2	44	1,117	2,612	0.10	...	...	11.05	0.18	0.27	0.35	8.92	20.87	20.50	3
5	5	39	161	...	5	215	4,544	6,974	0.05	0.07	0.05	4.54	0.04	0.05	0.47	9.87	15.15	13.76	4
5	4	79	189	...	8	285	4,676	8,825	0.04	0.00	0.09	7.91	0.35	0.11	0.63	10.29	19.42	15.67	5
4	...	38	94	...	3	139	4,858	7,000	0.40	0.07	...	4.24	0.26	0.24	0.36	12.63	18.19	14.12	6
1	...	46	116	...	1	164	3,022	5,108	0.13	0.11	0.03	6.21	0.27	0.13	0.59	10.81	18.27	15.94	7
3	2	49	88	3	5	150	4,179	8,736	0.33	0.02	0.04	11.25	0.55	0.03	0.42	11.59	24.24	20.89	8
10	2	28	42	...	...	82	2,878	6,747	0.35	0.01	0.02	6.12	0.64	0.22	0.16	5.60	13.12	10.19	9
...	...	34	68	...	1	103	3,753	7,698	0.26	0.04	0.07	6.00	0.26	0.09	0.18	6.57	13.47	13.44	10
...	...	29	64	...	5	98	5,688	8,559	0.61	0.00	...	5.47	0.42	0.10	0.23	13.55	20.38	17.76	11
...	2	30	146	1	8	187	3,995	7,383	1.26	0.02	...	7.49	0.30	0.17	0.54	11.53	21.32	14.98	12
...	...	156	102	...	14	272	4,858	8,198	1.24	0.01	0.02	6.70	1.04	0.84	0.87	15.61	26.35	18.69	13
2	1	44	20	...	7	74	2,812	8,237	0.98	0.01	0.23	9.07	0.21	0.01	0.15	5.52	16.18	9.46	14
3	3	68	37	2	2	115	4,706	7,538	1.07	0.01	0.03	4.20	0.25	0.55	0.26	10.60	16.97	14.14	15
7	2	56	1	...	...	66	1,094	4,242	2.05	0.01	...	16.79	1.07	0.50	0.44	7.25	28.10	17.92	16
2	1	40	1	3	...	47	847	3,675	5.07	0.13	...	10.58	3.33	0.53	0.33	5.98	25.96	16.23	17
7	1	67	74	...	3	152	3,630	7,552	...	0.20	0.08	8.93	0.33	0.08	0.39	9.26	19.27	13.61	18
3	1	25	18	...	1	48	1,561	3,106	0.27	0.11	...	5.48	0.07	0.00	0.19	6.18	12.31	11.90	19
4	1	49	88	2	7	151	2,670	5,874	0.06	0.03	0.07	10.99	0.23	0.13	0.57	10.07	22.15	26.22	20
3	4	31	146	9	9	202	2,522	6,690	0.14	0.07	0.19	8.14	0.07	0.03	0.44	5.49	14.57	13.58	21
6	7	66	95	3	9	186	5,596	11,923	1.72	0.12	...	10.30	0.71	0.05	0.39	11.75	25.04	24.67	22
2	...	15	38	2	3	60	1,914	3,762	0.01	0.08	0.07	8.85	0.07	0.02	0.31	9.73	19.13	24.94	23
1	...	21	2	1	3	28	1,586	3,681	...	0.15	...	11.63	1.49	1.09	0.19	11.02	25.57	28.21	24
2	3	82	87	...	7	181	3,539	5,260	0.00	0.20	0.54	4.16	0.17	0.04	0.60	11.75	17.47	21.55	25
...	...	36	77	9	9	131	4,197	5,912	0.12	0.19	0.10	2.90	0.20	0.10	0.30	9.56	13.47	14.21	26
5	4	43	78	1	3	134	4,013	6,673	...	0.03	0.06	6.86	0.09	0.02	0.37	11.21	18.63	19.93	27
11	1	187	39	29	30	297	4,766	11,600	0.01	0.22	0.05	14.58	0.18	0.10	0.69	11.04	26.87	29.37	28
5	3	32	120	...	7	167	4,811	7,345	0.32	0.22	0.32	6.36	0.23	0.02	0.53	15.19	23.19	22.77	29
8	7	51	115	3	11	195	3,803	8,493	0.33	0.01	...	8.34	0.45	2.94	0.52	10.21	22.79	27.70	30
103	65	1,608	2,110	71	167	4,124	101,706	204,508	0.54	0.07	0.07	7.85	0.41	0.29	0.39	9.51	19.13	17.53	

ANNUAL STATEMENT NO. VI-B.—Births and Deaths registered from different causes
19, 21, 23,

1 No.	2 Divisions and Towns.	3 Population (Census 1931).	4 Births.				5 Cholera.	6 Small-pox.	7 Plague.	8 Fevers.	9 Dysentery and Diarrhoea.	10 Respiratory Diseases.
			Male.	Female.	Total.	Birth rate.						
ARAKAN DIVISION.												
1	Akyab ...	38,094	385	341	726	19·06	14	1	...	82	27	179
2	Minbya ...	2,244	53	35	88	39·22	12	...	...	22	4	5
3	Kyaukpyu ...	4,232	95	75	170	40·17	...	...	...	2	4	11
4	Sandoway ...	4,070	65	49	114	28·01	...	...	...	54	1	4
PEGU DIVISION.												
5	Rangoon ...	398,967	5,310	5,031	10,341	25·92	69	172	17	146	444	3,291
6	Rangoon Cantonment	1,448	12	3	15	10·36	...	...	...	...	...	1
7	Pegu ...	21,626	405	425	830	38·38	4	...	2	87	47	118
8	Nyaunglebin ...	7,790	134	144	278	35·69	...	2	1	41	10	56
9	Tharrawaddy ...	7,131	102	99	201	28·19	...	...	3	21	5	18
10	Thônzè ...	7,962	159	148	307	38·56	1	4	3	25	11	21
11	Zigôn ...	6,365	90	68	158	24·82	...	...	70	18	21	50
12	Letpadan ...	12,160	145	126	271	22·29	2	...	...	33	13	60
13	Gyobingauk ...	7,675	127	104	231	30·10	...	1	44	13	31	47
14	Minhla ...	4,413	54	62	116	26·29	...	...	1	10	2	11
15	Nattalin ...	5,633	94	81	175	31·07	...	...	6	22	9	9
16	Syriam ...	15,070	264	248	512	33·97	1	...	...	49	20	82
17	Thôngwa ...	8,976	160	147	307	34·20	...	...	...	48	9	38
18	Insein ...	20,487	250	240	490	23·92	...	2	...	35	35	118
19	Mingaladon Cantmnt.	3,910	33	20	53	13·55	...	...	...	4	5	5
20	Thamaing ...	5,645	85	69	154	27·28	...	...	...	51	3	28
21	Kamayut ...	7,256	90	82	172	23·70	...	1	...	89	3	9
22	Thingangyun ...	7,984	99	63	162	20·29	...	...	...	23	1	7
23	Kanbe ...	6,575	96	81	177	26·92	...	1	...	29	1	4
24	Prome ...	28,295	577	529	1,106	39·09	...	1	5	113	39	180
25	Shwedaung ...	8,408	139	116	255	30·33	2	...	1	50	4	11
26	Paungdè ...	13,479	282	226	508	37·69	...	1	...	67	16	103
IRRAWADDY DIVISION.												
27	Bassein ...	45,662	809	743	1,552	33·99	53	...	30	106	79	329
28	Ngathainggyaung ...	5,380	82	78	160	29·74	7	...	1	19	5	16
29	Kyônpyaw ...	5,866	94	83	177	30·17	3	...	1	23	5	26
30	Henzada ...	28,542	434	357	791	27·71	...	2	15	72	42	157
31	Myanaung ...	9,072	184	120	304	33·51	...	6	23	35	35	40
32	Kyangin ...	6,780	98	105	203	29·94	15	...	12	16	3	18
33	Myaungmya ...	7,773	136	114	250	32·16	16	...	...	29	11	48
34	Wakèma ...	9,359	154	132	286	30·56	12	...	...	28	5	44
35	Moulmeingyun ...	7,747	123	149	272	35·11	38	3	...	41	21	50
36	Maubin ...	8,897	137	118	255	28·66	22	...	...	15	11	26
37	Yandoon ...	9,925	109	130	239	24·08	18	...	...	14	13	50
38	Danubyu ...	6,334	121	120	241	38·05	16	...	5	26	13	44
39	Pyapôn ...	12,338	173	139	312	25·29	73	...	...	64	23	70
40	Kyaiklat ...	10,658	210	166	376	35·28	62	...	...	74	36	46
TENASSERIM DIVISION.												
41	Thatôn ...	16,851	338	317	655	38·87	7	2	33	68	28	153
42	Kyaikto ...	6,611	90	103	193	29·19	4	...	18	27	15	49
43	Moulmein ...	65,506	1,027	936	1,963	29·97	64	11	2	186	132	409
44	Kawkareik ...	6,575	159	146	305	46·39	3	...	...	93	10	9
45	Tavoy ...	29,018	502	526	1,028	35·43	108	...	...	439	36	147

in the Towns of Burma during the year 1935. (Paragraphs 9, 11, 13, 14, 15, 17, 24 and 31.)

11						12	13	14										
Injuries.						All other causes.	Total deaths from all causes.	Ratio of Deaths per 1,000 of population.										
Suicide.		Wounding or accident.	Snake-bite.	Killed by wild beasts.	Rabies.			Total.	Cholera.	Small-pox.	Plague.	Fever.	Dysentery and Diarrhoea.	Respiratory Diseases.	Injuries.	All other causes.	From all causes.	
Male.	Female.																For the year.	Mean of previous five years.
2	1	30	...	...	2	35	384	722	0.37	0.03	...	2.15	0.71	4.70	0.92	10.08	18.95	18.07
...	...	1	...	...	...	1	10	54	5.35	...	...	9.80	1.78	2.23	0.45	4.46	24.06	22.13
...	...	2	...	...	...	2	47	66	...	...	...	0.47	0.95	2.60	0.47	11.11	15.60	19.56
...	...	4	...	...	...	4	10	73	...	...	...	13.27	0.25	0.98	0.98	2.46	17.94	18.86
11	2	215	18	...	6	252	5,670	10,061	0.17	0.43	0.04	0.37	1.11	8.25	0.63	14.21	25.22	24.24
...	5	6	...	...	...	...	...	0.69	...	3.45	4.14	...
2	1	43	1	...	1	48	462	768	0.18	...	0.09	4.02	2.17	5.46	2.22	21.36	35.51	40.68
...	1	14	...	...	1	16	166	292	...	0.26	0.13	5.26	1.28	7.19	2.05	21.31	37.48	33.79
...	...	11	...	...	...	11	90	148	...	...	0.42	2.94	0.70	2.52	1.54	12.62	20.75	27.12
...	...	1	1	...	...	2	123	190	0.13	0.50	0.38	3.14	1.38	2.64	0.25	15.45	23.86	26.72
...	1	15	2	...	...	18	71	248	...	...	11.00	2.83	3.30	7.86	2.83	11.15	38.96	25.80
...	...	6	...	...	...	6	121	235	0.16	...	...	2.71	1.07	4.93	0.49	9.95	19.33	22.29
...	...	4	2	...	1	7	137	280	...	0.13	5.73	1.69	4.04	6.12	0.91	17.85	36.48	34.61
...	...	7	...	...	...	7	38	69	...	...	0.23	2.27	0.45	2.49	1.59	8.61	15.64	20.06
...	1	1	2	...	...	4	80	130	...	...	1.07	3.91	1.60	1.60	0.71	14.20	23.08	18.08
1	1	21	...	...	1	24	175	351	0.07	...	...	3.25	1.33	5.44	1.59	11.61	23.29	21.82
...	...	9	...	...	...	9	135	239	...	...	...	5.35	1.00	4.23	1.00	15.04	26.63	24.90
...	...	38	1	1	1	41	290	521	...	0.10	...	1.71	1.71	5.76	2.00	14.16	25.43	22.10
...	21	35	...	...	...	1.02	1.28	1.28	...	5.37	8.95	...
1	...	2	...	...	...	3	141	226	...	...	...	9.03	0.53	4.96	0.53	24.98	40.04	36.19
...	...	4	...	...	...	4	95	201	...	0.14	...	12.27	0.41	1.24	0.55	13.09	27.70	26.95
1	...	3	1	...	...	5	137	173	...	...	...	2.88	0.13	0.88	0.63	17.16	21.67	21.41
...	...	5	1	...	...	6	124	165	...	0.15	...	4.41	0.15	0.61	0.91	18.86	25.10	22.30
...	...	31	1	...	...	32	703	1,073	...	0.04	0.18	3.99	1.38	6.36	1.13	24.85	37.92	38.97
...	...	3	1	...	...	4	149	221	0.24	...	0.12	5.95	0.48	1.31	0.48	17.72	26.28	26.32
2	...	20	5	...	...	27	181	395	...	0.07	...	4.97	1.19	7.64	2.00	13.43	29.30	34.48
2	...	37	4	...	2	45	757	1,399	1.16	...	0.66	2.32	1.73	7.21	0.99	16.58	30.64	29.12
...	...	5	...	...	...	5	99	152	1.30	...	0.19	3.53	0.93	2.97	0.93	18.40	28.25	29.24
...	...	3	...	...	...	3	81	142	0.51	...	0.17	3.92	0.85	4.43	0.51	13.81	24.21	23.46
2	...	27	...	...	1	30	434	752	...	0.07	0.53	2.52	1.47	5.50	1.05	15.21	26.35	28.86
...	...	4	...	...	...	4	175	318	...	0.66	2.54	3.86	3.86	4.41	0.44	19.29	35.05	35.96
...	...	6	1	...	...	7	145	216	2.21	...	1.77	2.36	0.44	2.65	1.03	21.39	31.86	29.90
...	...	9	1	...	1	11	175	290	2.06	...	...	3.73	1.42	6.18	1.42	22.51	37.31	32.91
...	1	5	1	...	...	7	166	262	1.28	...	...	2.99	0.53	4.70	0.75	17.74	27.99	28.51
1	...	10	1	...	1	13	178	344	4.91	0.39	...	5.29	2.71	6.45	1.68	22.98	44.40	38.35
...	...	13	...	...	...	13	153	240	2.47	...	...	1.69	1.24	2.92	1.46	17.20	26.98	26.01
...	...	6	...	...	...	6	200	301	1.81	...	...	1.41	1.31	5.04	0.60	20.15	30.33	28.44
...	...	3	...	...	...	3	98	205	2.53	...	0.79	4.10	2.05	6.95	0.47	15.47	32.37	24.44
1	...	24	3	...	...	28	194	452	5.92	...	...	5.19	1.86	5.67	2.27	15.72	36.63	24.94
...	...	6	...	...	...	6	250	474	5.82	...	...	6.94	3.38	4.32	0.56	23.46	44.47	31.82
...	...	17	...	...	...	17	325	633	0.42	0.12	1.96	4.04	1.66	9.08	1.01	19.29	37.56	30.27
...	...	9	...	...	1	10	120	243	0.61	...	2.72	4.08	2.27	7.41	1.51	18.15	36.76	33.59
2	1	69	1	...	1	74	1,072	1,950	0.98	0.17	0.03	2.84	2.02	6.24	1.13	16.36	29.77	22.44
1	...	2	...	...	...	3	109	227	0.46	...	...	14.14	1.52	1.37	0.46	16.58	34.52	36.43
2	...	25	...	...	1	28	654	1,412	3.72	...	...	15.13	1.24	5.07	0.96	22.54	48.66	25.56

ANNUAL STATEMENT NO. VI-B.—Births and Deaths registered from

1 No.	2 Divisions and Towns.	3 Population (Census 1931).	4 Births.				5 Cholera.	6 Smallpox.	7 Plague.	8 Fever.	9 Dysentery and Diarrhoea.	10 Respiratory Diseases.
			Births.			Birth rate.						
			Male.	Female.	Total.							
TENASSERIM DIVISION —concl'd.												
46	Mergui ...	20,405	379	397	776	38·03	195	...	...	283	53	99
47	Toungoo ...	23,223	343	350	693	29·84	...	98	33	100	37	112
48	Shwegyin ...	5,876	97	95	192	32·68	...	6	...	22	3	23
49	Pyu ...	7,807	149	133	282	36·12	...	7	1	58	19	31
MAGWE DIVISION.												
50	Thayetmyo ¹ ...	9,279	184	194	378	40·74	...	...	...	29	4	28
51	Allanmyo ...	12,511	227	213	440	35·17	11	4	...	188	24	29
52	Minbu ...	6,005	104	122	226	37·64	...	...	1	21	5	37
53	Salin ...	6,654	130	151	281	42·23	...	...	...	61	7	7
54	Magwe ...	8,209	184	134	318	38·74	...	...	...	28	17	57
55	Taungdwingyi ...	8,339	225	232	457	54·80	...	5	18	60	8	97
56	Yenangyaung ...	11,098	269	225	494	44·51	36	...	40	39	32	81
57	Chauk ...	12,830	135	125	260	20·27	12	2	...	37	5	31
58	Pakôkku ...	23,115	472	420	892	38·59	190	100	...	96	21	270
MANDALAY DIVISION.												
59	Mandalay ...	134,950	4,163	3,728	7,891	58·47	22	19	53	407	225	970
60	Mandalay Cantonment ...	12,982	168	150	318	24·50	...	...	...	33	6	59
61	Maymyo ...	16,586	396	445	841	50·71	...	1	...	42	54	114
62	Maymyo Cantonment ...	4,749	63	63	126	26·53	...	...	...	6	4	18
63	Myitngè ...	5,682	67	46	113	19·89	...	...	...	12	12	32
64	Kyaukse ...	7,353	139	136	275	37·40	...	1	...	56	5	19
65	Meiktila ...	8,830	173	163	336	38·05	...	...	9	41	...	31
66	Myingyan ...	25,457	569	521	1,090	42·82	21	...	4	24	19	99
67	Nyaung-u ...	8,118	111	122	233	28·70	7	...	22	17	7	31
68	Yamèthin ...	9,291	173	175	348	37·46	...	...	23	8	2	70
69	Pyinmana ...	17,656	446	399	845	47·86	...	1	...	89	18	87
70	Pyawbwè ...	5,783	137	152	289	49·97	...	...	29	11	10	11
SAGAING DIVISION.												
71	Shwebo ...	11,286	266	243	509	45·10	...	79	...	60	15	12
72	Ye-u ...	3,739	84	95	179	47·87	...	1	...	36	2	5
73	Sagaing ...	14,127	317	258	575	40·70	6	2	...	44	18	76
74	Myinmu ...	5,072	137	118	255	50·28	...	1	...	6	9	40
75	Monywa ...	10,800	257	221	478	44·26	2	1	...	60	7	116
Total of Towns, Burma		1,412,601	24,849	23,020	47,869	33·89	1,128	538	526	4,483	1,936	8,889
Total of Rural Districts, Burma.		10,689,689	179,036	172,868	351,904	32·92	5,730	724	786	83,943	4,430	3,065
GRAND TOTAL, BURMA		12,102,290	203,885	195,888	399,773	33·03	6,858	1,262	1,312	88,426	6,366	11,954
TOWNS FOR WHICH CORRESPONDING RURAL FIGURES ARE NOT GIVEN IN VI-A.												
1	Bhamo ...	8,011	169	126	295	36·82	...	...	...	106	15	33
2	Myitkyina ...	7,328	168	128	296	40·39	...	...	2	49	7	70
3	Mawlaik ...	2,278	65	49	114	50·04	10	...	...	31	5	25
4	Lashio ...	4,638	96	95	191	41·18	...	...	...	90	1	58
5	Taunggyi ...	8,652	204	180	384	44·38	...	...	1	36	3	72
6	Kalaw ...	3,621	62	47	109	30·10	...	...	2	13	2	22

different causes in the Towns of Burma during the year 1935—concl'd.

11							12	13	14									
Injuries.							All other causes.	Total deaths from all causes.	Ratio of Deaths per 1,000 of population.									
Suicide.		Wounding or accident.	Snake-bite.	Killed by wild beasts.	Rabies.	Total.			Cholera.	Smallpox.	Plague.	Fever.	Dysentery and Diarrhoea.	Respiratory Diseases.	Injuries.	All other causes.	From all causes.	
Male.	Female.																For the year.	Mean of previous five years.
2	...	37	1	1	2	43	366	1,039	9.56	...	...	13.87	2.60	4.85	2.11	17.94	50.92	33.57
...	1	26	1	...	1	29	317	726	...	4.22	1.42	4.31	1.59	4.82	1.25	13.65	31.26	24.02
...	...	4	...	...	...	4	118	176	...	1.02	...	3.74	0.51	3.91	0.68	20.08	29.95	32.02
...	...	8	...	...	1	9	114	239	...	0.90	0.13	7.43	2.43	3.97	1.15	14.60	30.61	29.92
...	...	8	1	...	...	9	252	322	...	...	...	3.13	0.43	3.02	0.97	27.16	34.70	37.57
...	...	5	...	...	...	5	128	389	0.88	0.32	...	15.03	1.92	2.32	0.40	10.23	31.09	28.30
...	...	9	2	...	...	11	86	161	...	...	0.17	3.50	0.83	6.16	1.83	14.32	26.81	34.09
1	1	1	...	...	...	3	135	213	...	...	...	9.17	1.05	1.05	0.45	20.29	32.01	43.83
...	...	7	1	...	...	8	154	264	...	...	...	3.41	2.07	6.94	0.97	18.76	32.16	34.90
...	...	18	6	...	1	25	188	401	...	0.60	2.16	7.20	0.96	11.63	3.00	22.54	48.09	45.99
...	...	16	...	...	3	19	273	520	3.24	...	3.60	3.51	2.88	7.30	1.71	24.60	46.86	38.42
...	...	5	1	...	...	6	170	263	0.94	0.16	...	2.88	0.39	2.42	0.47	13.25	20.50	18.63
...	...	9	4	...	1	14	559	1,250	8.22	4.33	...	4.15	0.91	11.68	0.61	24.18	54.08	38.61
2	...	41	4	1	4	52	3,021	4,769	0.16	0.14	0.39	3.02	1.67	7.19	0.39	22.39	35.34	43.85
...	...	17	...	...	...	17	208	323	...	...	...	2.54	0.46	4.54	1.31	16.02	24.88	...
...	1	11	...	...	2	14	247	472	...	0.06	...	2.53	3.26	6.87	0.84	14.89	28.46	26.21
...	...	2	...	...	...	2	21	51	...	...	...	1.26	0.84	3.79	0.42	4.42	10.74	...
...	...	1	...	...	...	1	50	107	...	...	...	2.11	2.11	5.63	0.18	8.80	18.83	20.64
...	...	...	...	1	...	1	115	197	...	0.14	...	7.62	0.68	2.58	0.14	15.64	26.79	33.25
...	1	28	1	...	...	30	122	233	...	...	1.02	4.64	...	3.51	3.40	13.82	26.39	34.03
2	...	31	...	...	2	35	685	887	0.82	...	0.16	0.94	0.75	3.89	1.37	26.91	34.84	38.51
...	...	2	1	...	...	3	157	244	0.86	...	2.71	2.09	0.86	3.82	0.37	19.34	30.06	28.08
...	...	1	1	...	1	3	128	234	...	...	2.48	0.86	0.22	7.53	0.32	13.78	25.19	26.07
...	...	16	...	...	2	18	348	561	...	0.06	...	5.04	1.02	4.93	1.02	19.71	31.77	32.94
...	...	2	...	...	1	3	188	252	...	...	5.01	1.90	1.73	1.90	0.52	32.51	43.58	32.81
...	1	17	4	...	3	25	211	402	...	7.00	...	5.32	1.33	1.06	2.22	18.70	35.62	45.06
...	...	6	...	...	...	6	36	86	...	0.27	...	9.63	0.53	1.34	1.60	9.63	23.00	31.70
1	...	18	...	...	1	20	202	368	0.42	0.14	...	3.11	1.27	5.38	1.42	14.30	26.05	37.49
...	...	2	...	...	...	2	90	148	...	0.20	...	1.18	1.77	7.89	0.39	17.74	29.18	33.11
...	...	7	...	...	...	7	183	376	0.19	0.09	...	5.56	0.65	10.74	0.65	16.94	34.81	40.04
39	15	1,125	76	4	46	1,305	23,822	42,627	0.80	0.38	0.37	3.17	1.37	6.29	0.92	16.86	30.18	29.49
103	65	1,608	2110	71	167	4,124	101,706	204,508	0.54	0.07	0.07	7.85	0.41	0.29	0.39	9.51	19.13	17.53
142	80	2,733	2186	75	213	5,429	125,528	247,135	0.57	0.10	0.11	7.31	0.53	0.99	0.45	10.37	20.42	18.92
...	...	8	...	...	...	8	87	249	...	...	...	13.23	1.87	4.12	1.00	10.86	31.08	27.78
...	...	3	...	...	...	3	93	224	...	...	0.27	6.69	0.96	9.55	0.41	12.69	30.57	36.39
...	...	2	...	...	...	2	36	109	4.39	...	...	13.61	2.19	10.97	0.88	15.80	47.85	27.41
1	...	5	...	...	1	7	35	191	...	...	...	19.40	0.22	12.51	1.51	7.55	41.18	51.68
1	...	7	...	...	...	8	108	228	...	...	0.1	4.16	0.35	8.32	0.92	12.48	26.35	29.34
1	...	3	...	...	...	4	38	81	...	...	0.5	3.59	0.55	6.08	1.10	10.49	22.37	22.82

STATEMENT VI-B (a).—*Supplement to Annual Statement*

No.	Divisions and Towns.	Population (Census 1931).	Fevers.										
			1		2		4		5		6		
			Malaria.		Enteric Fever.		Measles.		Kala-Azar.		Influenza.		
			Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	
ARAKAN DIVISION.													
1	Akyab ...	38,094	35	0·92	10	0·26	2	0·05	2	0·05	...	...
2	Minbya ...	2,244	22	9·80	...	...	...	...	...	...	...	...
3	Kyaukpyu ...	4,232	2	0·47	...	...	...	...	...	...	...	...
4	Sandoway ...	4,070	3	0·74	1	0·25	...	...	...	...	...	...
PEGU DIVISION.													
5	Rangoon ...	398,967	80	0·20	49	0·12	1	0·00	3	0·01	6	0·02	
6	Rangoon Cantonment	1,448	...	...	...	...	...	...	...	...	...	...
7	Pegu ...	21,626	30	1·39	1	0·05	1	0·05	...	...	1	0·05
8	Nyaunglebin ...	7,790	17	2·18	...	...	6	0·77	...	...	...	...
9	Tharrawaddy ...	7,131	16	2·24	1	0·14	...	...	...	...	...	...
10	Thônzè ...	7,962	22	2·76	...	...	...	...	...	...	...	...
11	Zigôn ...	6,365	15	2·36	1	0·16	...	...	...	...	...	...
12	Letpadan ...	12,160	32	2·63	...	...	...	...	...	...	...	...
13	Gyobingauk ...	7,675	8	1·04	...	...	1	0·13	...	...	...	...
14	Minhla ...	4,413	9	2·04	1	0·23	...	...	...	...	...	...
15	Nattalin ...	5,633	7	1·24	1	0·18	...	...	...	...	...	...
16	Syriam ...	15,070	5	0·33	1	0·07	1	0·07	...	...	1	0·07
17	Thôngwa ...	8,976	6	0·67	...	...	...	...	...	...	...	...
18	Insein ...	20,487	1	0·05	2	0·10	...	...	...	...	2	0·10
19	Mingaladon Cantonment	3,910	...	...	...	...	...	...	...	...	...	...
20	Thamaing ...	5,645	2	0·35	2	0·35	...	...	...	...	...	...
21	Kamayut ...	7,256	...	...	...	...	1	0·14	...	...	...	...
22	Thingangyun ...	7,984	1	0·13	...	...	...	...	...	...	...	...
23	Kanbe ...	6,575	...	...	...	...	...	...	...	...	...	...
24	Prome ...	28,295	17	0·60	2	0·07	11	0·39	...	...	...	...
25	Shwedaung ...	8,408	21	2·50	...	...	...	...	...	...	...	...
26	Paungdè ...	13,479	5	0·37	6	0·45	...	...	...	...	1	0·07
IRRAWADDY DIVISION.													
27	Bassein ...	45,662	40	0·88	16	0·35	...	...	...	...	...	...
28	Ngathainggyaung ...	5,380	12	2·23	5	0·93	...	...	...	...	...	...
29	Kyônpyaw ...	5,866	23	3·92	...	...	...	...	...	...	...	...
30	Henzada ...	28,542	9	0·32	4	0·14	...	...	...	...	...	...
31	Myanaung ...	9,072	21	2·31	4	0·44	1	0·11	...	...	...	...
32	Kyangin ...	6,780	12	1·77	...	...	...	...	...	...	...	...
33	Myaungmya ...	7,773	19	2·44	2	0·26	...	...	...	...	...	...
34	Wakèma ...	9,359	20	2·14	...	...	...	...	...	...	1	0·11
35	Moulmeingyun ...	7,747	27	3·49	3	0·39	4	0·52	...	...	...	...
36	Maubin ...	8,897	1	0·11	...	...	...	...	...	...	...	...
37	Yandoon ...	9,925	3	0·30	5	0·50	...	...	...	...	1	0·10
38	Danubyu ...	6,334	4	0·63	...	...	...	...	...	...	18	2·84
39	Pyapôn ...	12,338	25	2·03	...	...	...	...	...	...	...	...
40	Kyaiklat ...	10,658	45	4·22	3	0·28	...	...	...	...	...	...
TENASSERIM DIVISION.													
41	Thatôn ...	16,851	8	0·47	1	0·06	...	...	...	...	...	...
42	Kyaikto ...	6,611	5	0·76	1	0·15	...	...	...	...	...	...
43	Moulmein ...	65,506	51	0·78	37	0·56	...	...	1	0·02	8	0·12
44	Kawkareik ...	6,575	56	8·52	...	...	...	...	...	...	...	...
45	Tavoy ...	29,018	144	4·96	1	0·03	...	...	...	...	3	0·10

NOTE.—Column 4, "Relapsing Fever"

VI-B, 1935. (Paragraphs 9, 13, 21, 22, 23, 24, 25, 43 and 46.)

										Dysentery and	
7		8		9		10		11		12	
Cerebrospinal Fever.		Typhus Fever.		Blackwater Fever.		Other Fevers.		Total Fevers.		Dysentery.	
Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.
...	33	0.87	82	2.15	11	0.29
...	22	9.80	2	0.89
...	2	0.47	3	0.71
...	50	12.29	54	13.27	1	0.25
6	0.02	...	...	1	0.00	...	...	146	0.37	161	0.40
1	0.05	...	...	...	...	53	2.45	87	4.02	21	0.97
1	0.13	...	...	...	...	17	2.18	41	5.26	2	0.26
...	4	0.56	21	2.94	2	0.28
...	3	0.38	25	3.14	7	0.88
1	0.16	...	...	...	...	1	0.16	18	2.83	15	2.36
...	1	0.08	33	2.71	7	0.58
...	4	0.52	13	1.69	21	2.74
...	10	2.27	...	...
...	14	2.49	22	3.91	5	0.89
...	41	2.72	49	3.25	7	0.46
...	42	4.68	48	5.35	6	0.67
...	30	1.46	35	1.71	17	0.83
...	4	1.02	4	1.02	4	1.02
...	47	8.33	51	9.03	2	0.35
...	88	12.13	89	12.27	2	0.28
...	22	2.76	23	2.88	1	0.13
...	29	4.41	29	4.41	1	0.15
...	83	2.93	113	3.99	17	0.60
...	29	3.45	50	5.95	2	0.24
...	55	4.08	67	4.97	10	0.74
...	50	1.10	106	2.32	39	0.85
...	2	0.37	19	3.53	2	0.37
...	23	3.92	2	0.34
...	59	2.07	72	2.52	15	0.53
...	9	0.99	35	3.86	13	1.43
...	4	0.59	16	2.36	...	...
...	8	1.03	29	3.73	7	0.90
...	7	0.75	28	2.99	4	0.43
...	7	0.90	41	5.29	14	1.81
...	14	1.57	15	1.69	2	0.22
...	5	0.50	14	1.41	11	1.11
...	4	0.63	26	4.10	11	1.74
...	39	3.16	64	5.19	18	1.46
...	26	2.44	74	6.94	23	2.16
...	59	3.50	68	4.04	8	0.47
1	0.15	...	...	...	...	20	3.03	27	4.08	3	0.45
...	89	1.36	186	2.84	61	0.93
...	37	5.63	93	14.14	2	0.30
...	291	10.03	439	15.13	27	0.93

(Spirochaeta)—no deaths reported.

STATEMENT VI-B (a).—*Supplement to*

No.	Divisions and Towns.	Population (Census 1931).	Fevers.									
			1		2		3		5		6	
			Malaria.		Enteric Fever.		Measles.		Kala-Azar.		Influenza.	
			Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.
TENASSERIM DIVISION — <i>concl'd.</i>												
46	Mergui ...	20,405	23	1·13	...	...	...	...	...	...	1	0·05
47	Toungoo ...	23,223	66	2·84	12	0·52	...	...	...	...	1	0·04
48	Shwegyin ...	5,876	4	0·68	1	0·17	4	0·68	...	...	...	...
49	Pyu ...	7,807	53	6·79	3	0·38	...	...	...	...	...	...
MAGWE DIVISION.												
50	Thayetmyo ...	9,279	12	1·29	2	0·22	...	...	...	...	...	...
51	Allanmyo ...	12,511	20	1·60	2	0·16	28	2·24	...	...	...	...
52	Minbu ...	6,005	12	2·00	2	0·33	1	0·17	...	...	1	0·17
53	Salin ...	6,654	17	2·55	1	0·15	...	...	...	...	...	...
54	Magwe ...	8,209	4	0·49	6	0·73	11	1·34	...	...	...	...
55	Taungdwingyi ...	8,339	23	2·76	...	...	...	...	...	...	...	...
56	Yenangyaung ...	11,098	2	0·18	1	0·09	...	...	...	...	...	...
57	Chauk ...	12,830	1	0·08	...	...	...	...	...	...	...	...
58	Pakôkku ...	23,115	5	0·22	...	...	...	...	...	...	...	...
MANDALAY DIVISION.												
59	Mandalay ...	134,950	232	1·72	95	0·70	7	0·05	...	...	15	0·11
60	Mandalay Cantonment	12,982	26	2·00	...	...	...	...	...	...	...	...
61	Maymyo ...	16,586	29	1·75	6	0·36	...	...	...	...	...	...
62	Maymyo Cantonment	4,749	5	1·05	...	...	...	...	...	...	...	...
63	Myitngè ...	5,682	3	0·53	...	...	...	...	...	...	...	...
64	Kyauksè ...	7,353	55	7·48	1	0·14	...	...	...	...	...	...
65	Meiktila ...	8,830	2	0·23	1	0·11	...	...	...	...	...	...
66	Myingyan ...	25,457	12	0·47	4	0·16	...	...	...	...	...	...
67	Nyaung-u ...	8,118	5	0·62	6	0·74	...	...	...	...	...	...
68	Yamèthin ...	9,291	3	0·32	...	...	...	...	...	...	...	...
69	Pyinmana ...	17,656	23	1·30	1	0·06	...	...	...	...	...	...
70	Pyawbwè ...	5,783	9	1·56	1	0·17	...	...	...	...	1	0·17
SAGAING DIVISION.												
71	Shwebo ...	11,286	6	0·53	1	0·09	...	...	...	...	...	...
72	Ye-u ...	3,739	1	0·27	...	...	...	...	...	...	...	...
73	Sagaing ...	14,127	13	0·92	4	0·28	4	0·28	...	...	...	...
74	Myinmu ...	5,072	3	0·59	2	0·39	...	...	...	...	...	...
75	Mônywa ...	10,800	19	1·76	3	0·28	...	...	...	...	...	...
Total of Towns, Burma		1,412,601	1,569	1·11	315	0·22	84	0·06	6	0·00	61	0·04
Towns for which corresponding Rural figures are not given in VI-A.												
1	Bhamo ...	8,011	55	6·87	5	0·62	...	...	...	...	...	...
2	Myitkyina ...	7,328	34	4·64	1	0·14	1	0·14	...	...	...	...
3	Mawiaik ...	2,278	21	9·22	...	...	...	...	...	...	...	...
4	Lashio ...	4,638	89	19·19	...	...	...	...	...	...	...	...
5	Taunggyi ...	8,652	30	3·47	2	0·23	...	...	...	...	...	...
6	Kalaw ...	3,621	12	3·31	...	...	...	...	...	...	...	...

NOTE.—Column 4, "Relapsing Fever"

Annual Statement VI-B, 1935—contd.

										Dysentery and	
7		8		9		10		11		12	
Cerebrospinal Fever.		Typhus Fever.		Blackwater Fever.		Other Fevers.		Total Fevers.		Dysentery.	
Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.
...	259	12.69	283	13.87	22	1.08
...	...	1	0.04	1	0.04	19	0.82	100	4.31	18	0.78
...	13	2.21	22	3.74	2	0.34
...	2	0.26	58	7.43	7	0.90
...	15	1.62	29	3.13	1	0.11
...	138	11.03	188	15.03	11	0.88
...	5	0.83	21	3.50	4	0.67
...	43	6.46	61	9.17	3	0.45
...	7	0.85	28	3.41	4	0.49
...	37	4.44	60	7.20	1	0.12
...	36	3.24	39	3.51	8	0.72
...	36	2.81	37	2.88	2	0.16
...	91	3.94	96	4.15	12	0.52
...	1	0.01	57	0.42	407	3.02	75	0.56
1	0.08	...	...	...	...	6	0.46	33	2.54	...	...
...	7	0.42	42	2.53	10	0.60
...	1	0.21	6	1.26	1	0.21
...	9	1.58	12	2.11	2	0.35
...	56	7.62	...	...
...	38	4.30	41	4.64	...	...
...	8	0.31	24	0.94	11	0.43
...	6	0.74	17	2.09	5	0.62
...	5	0.54	8	0.86	1	0.11
...	65	3.68	89	5.04	6	0.34
...	11	1.90	5	0.86
...	53	4.70	60	5.32	12	1.06
...	35	9.36	36	9.63	2	0.53
...	23	1.63	44	3.11	4	0.28
...	1	0.20	6	1.18	...	...
...	38	3.52	60	5.56	5	0.46
11	0.01	1	0.00	3	0.00	2,433	1.72	4,483	3.17	823	0.58
...	46	5.74	106	13.23	14	1.75
...	13	1.77	49	6.69	7	0.96
...	2	0.88	8	3.51	31	13.61	3	1.32
...	1	0.22	...	...	90	19.40	1	0.22
2	0.23	1	0.12	...	...	1	0.12	36	4.16	...	...
...	1	0.28	13	3.59	...	...

(Spirochaetal)—no deaths reported.

STATEMENT VI-B (a).—*Supplement to*

No.	Divisions and Towns.	Population (Census 1931).	Diarrhoea.		Respiratory Diseases.					
			13		14		15		16	
			Diarrhoea.		Pneumonia.		Pulmonary Tuberculosis.		Whooping cough.	
			Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.
ARAKAN DIVISION.										
1	Akyab ...	38,094	1	0.42	116	3.05	28	0.74	...	...
2	Minbya ...	2,244	2	0.89	1	0.45	2	0.89	...	...
3	Kyaukpyu ...	4,232	1	0.24	8	1.89	2	0.47	...	...
4	Sandoway ...	4,070	...	...	3	0.74	...	...	...	...
PEGU DIVISION.										
5	Rangoon ...	398,967	283	0.71	1,688	4.23	879	2.20	3	0.01
6	Rangoon Cantonment	1,448	...	...	1	0.69	...	...	...	...
7	Pegu ...	21,626	26	1.20	22	1.02	44	2.03	...	...
8	Nyaunglebin ...	7,790	8	1.03	9	1.16	11	1.41	...	...
9	Tharrawaddy ...	7,131	3	0.42	4	0.56	9	1.26	...	...
10	Thônzè ...	7,962	4	0.50	10	1.26	7	0.88	...	...
11	Zigôn ...	6,365	6	0.94	34	5.34	10	1.57	...	...
12	Letpadan ...	12,160	6	0.49	32	2.63	5	0.41	...	...
13	Gyobingauk ...	7,675	10	1.30	23	3.00	13	1.69	...	...
14	Minhla ...	4,413	2	0.45	3	0.68	7	1.59	...	...
15	Nattalin ...	5,633	4	0.71	3	0.53	2	0.36	...	...
16	Syriam ...	15,070	13	0.86	36	2.39	17	1.13	...	...
17	Thôngwa ...	8,976	3	0.33	8	0.89	29	3.23	...	...
18	Insein ...	20,487	18	0.88	73	3.56	28	1.37	...	...
19	Mingaladon Cantonment	3,910	1	0.26	...	...	...	...	...	...
20	Thamaing ...	5,645	1	0.18	5	0.89	22	3.90	...	...
21	Kamayut ...	7,256	1	0.14	2	0.28	6	0.83	...	...
22	Thingangyun ...	7,984	...	...	3	0.38	2	0.25	...	...
23	Kanbe ...	6,575	...	...	...	...	...	...	...	...
24	Prome ...	28,295	22	0.78	35	1.24	28	0.99	...	...
25	Shwedaung ...	8,408	2	0.24	7	0.83	1	0.12	...	...
26	Paungdè ...	13,479	6	0.45	22	1.63	13	0.96	...	...
IRRAWADDY DIVISION.										
27	Bassein ...	45,662	40	0.88	52	1.14	103	2.26	...	...
28	Ngathainggyaung ...	5,380	3	0.56	2	0.37	8	1.49	...	...
29	Kyônpyaw ...	5,866	3	0.51	6	1.02	16	2.73	...	...
30	Henzada ...	28,542	27	0.95	52	1.82	19	0.67	...	...
31	Myanaung ...	9,072	22	2.43	8	0.88	13	1.43	...	...
32	Kyangin ...	6,780	3	0.44	9	1.33	4	0.59	...	...
33	Myaungmya ...	7,773	4	0.51	26	3.34	9	1.16	...	...
34	Wakèma ...	9,359	1	0.11	22	2.35	6	0.64	...	...
35	Moulmeingyun ...	7,747	7	0.90	23	2.97	23	2.97	...	...
36	Maubin ...	8,897	9	1.01	9	1.01	10	1.12	...	...
37	Yandoon ...	9,925	2	0.20	10	1.01	23	2.32	...	...
38	Danubyu ...	6,334	2	0.32	25	3.95	14	2.21	...	...
39	Pyapôn ...	12,338	5	0.41	45	3.65	11	0.89	...	...
40	Kyaiklat ...	10,658	13	1.22	20	1.88	22	2.06	1	0.09
TENASSERIM DIVISION.										
41	Thatôn ...	16,851	20	1.19	33	1.96	59	3.50	1	0.06
42	Kyaikto ...	6,611	12	1.82	31	4.69	11	1.66	...	...
43	Moulmein ...	65,506	71	1.08	132	2.02	167	2.55	...	...
44	Kawkareik ...	6,575	8	1.22	6	0.91	1	0.15	...	...
45	Tavoy ...	29,018	9	0.31	54	1.86	73	2.52	...	...

NOTE.—Column 22, "Mumps"

Annual Statement VI-B, 1935--contd.

		Other Causes.												No.
17		18		19		20		21		23		24		
Other Respiratory Diseases.		Beri-beri including Epidemic Dropsy.		Acute Poliomyelitis.		Diphtheria.		Chicken-pox.		Tuberculosis of Joints.		Other Tubercular Diseases.		
Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	
35	0.92	8	0.21	...	...	...	...	...	...	...	...	...	...	1
2	0.89	...	...	...	...	...	...	...	...	...	...	...	...	2
1	0.24	...	...	...	...	...	...	...	...	...	...	...	...	3
1	0.25	...	...	...	...	...	...	...	...	...	...	...	...	4
721	1.81	81	0.20	2	0.01	7	0.02	...	...	8	0.02	71	0.18	5
..	...	...	...	...	...	...	...	...	...	...	...	...	...	6
52	2.40	...	...	...	...	2	0.09	...	...	...	...	5	0.23	7
36	4.62	...	...	...	...	...	...	...	...	...	...	2	0.26	8
5	0.70	...	...	...	...	...	...	...	...	...	...	1	0.14	9
4	0.50	...	...	...	...	...	...	...	...	...	...	1	0.13	10
6	0.94	...	...	...	...	...	...	...	...	...	...	...	...	11
23	1.89	...	...	...	...	...	...	...	...	...	...	4	0.33	12
11	1.43	1	0.13	...	...	...	...	...	...	...	...	...	...	13
1	0.23	1	0.23	...	...	...	...	...	...	...	...	2	0.45	14
4	0.71	1	0.18	...	...	...	...	...	...	...	...	...	...	15
29	1.92	2	0.13	...	...	...	...	...	...	...	...	1	0.07	16
1	0.11	...	...	...	...	...	...	...	...	...	...	...	...	17
17	0.83	...	...	...	...	1	0.05	1	0.05	...	...	2	0.10	18
5	1.28	...	...	...	...	...	...	...	...	...	...	...	...	19
1	0.18	...	...	...	...	1	0.18	...	...	...	...	1	0.18	20
1	0.14	...	...	...	...	...	...	...	...	...	...	1	0.14	21
2	0.25	...	...	...	...	...	...	...	...	...	...	...	...	22
4	0.61	...	...	...	...	...	...	...	...	...	...	...	...	23
117	4.14	...	...	...	...	...	...	...	...	...	...	...	...	24
3	0.36	...	...	...	...	...	...	...	...	...	...	...	...	25
68	5.04	1	0.07	...	...	...	...	...	...	...	...	...	...	26
174	3.81	3	0.07	...	...	...	...	...	...	1	0.02	23	0.50	27
6	1.12	1	0.19	...	...	...	...	...	...	...	...	...	...	28
4	0.68	...	...	...	...	...	...	...	...	...	...	...	...	29
86	3.01	3	0.11	...	...	...	...	...	...	...	...	2	0.07	30
19	2.09	1	0.11	...	...	...	...	...	...	...	...	3	0.33	31
5	0.74	...	...	...	...	...	...	...	...	...	...	12	1.77	32
13	1.67	1	0.13	...	...	...	...	...	...	...	...	...	...	33
16	1.71	...	...	...	...	...	...	...	...	...	...	2	0.21	34
4	0.52	2	0.26	...	...	...	...	...	...	...	...	3	0.39	35
7	0.79	...	...	...	...	...	...	...	...	...	...	...	...	36
17	1.71	2	0.20	...	...	1	0.10	...	...	...	...	1	0.10	37
5	0.79	...	...	...	...	...	...	...	...	...	...	...	...	38
14	1.13	2	0.16	...	...	1	0.08	...	...	...	...	2	0.16	39
3	0.28	...	...	...	...	...	...	...	...	...	...	1	0.09	40
60	3.56	...	...	...	...	1	0.06	...	...	...	...	2	0.12	41
7	1.06	...	...	...	...	...	...	...	...	...	...	1	0.15	42
110	1.68	3	0.05	...	...	1	0.02	...	...	...	...	19	0.29	43
2	0.30	...	...	...	...	...	...	...	...	...	...	3	0.46	44
20	0.69	1	0.03	...	...	...	...	...	...	...	...	...	...	45

—no deaths reported.

STATEMENT VI-B (a).—*Supplement*

No.	Divisions and Towns.	Population (Census 1931).	Diarrhœa.		Respiratory					
			13		14		15		16	
			Diarrhœa.		Pneumonia.		Pulmonary Tuberculosis.		Whooping cough.	
			Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.
TENASSERIM DIVISION —concl'd.										
46	Mergui ...	20,405	31	1·52	49	2·40	37	1·81	...	...
47	Toungoo ...	23,223	19	0·82	57	2·45	41	1·77	...	...
48	Shwegyin ...	5,876	1	0·17	14	2·38	6	1·02	...	...
49	Pyu ...	7,807	12	1·54	14	1·79	14	1·79	...	...
MAGWE DIVISION.										
50	Thayetmyo ...	9,279	3	0·32	9	0·97	11	1·19	...	...
51	Allanmyo ...	12,511	13	1·04	23	1·84	5	0·40	...	...
52	Minbu ...	6,005	1	0·17	6	1·00	7	1·17	...	...
53	Salin ...	6,654	4	0·60	...	...	4	0·60	...	...
54	Magwe ...	8,209	13	1·58	35	4·26	1	0·12	...	...
55	Taungdwingyi ...	8,339	7	0·84	16	1·92	10	1·20	...	...
56	Yenangyaung ...	11,098	24	2·16	55	4·96	22	1·98	...	...
57	Chauk ...	12,830	3	0·23	29	2·26	2	0·16	...	...
58	Pakôkku ...	23,115	9	0·39	28	1·21	16	0·69	...	...
MANDALAY DIVISION.										
59	Mandalay ...	134,950	150	1·11	390	2·89	248	1·84	...	...
60	Mandalay Cantonment	12,982	6	0·46	26	2·00	17	1·31	...	...
61	Maymyo ...	16,586	44	2·65	74	4·46	14	0·84	...	...
62	Maymyo Cantonment	4,749	3	0·63	13	2·74	1	0·21	...	...
63	Myitngè ...	5,682	10	1·76	23	4·05	9	1·58	...	...
64	Kyauksè ...	7,353	5	0·68	4	0·54	8	1·09	...	...
65	Meiktila ...	8,830	...	...	11	1·25	7	0·79	...	...
66	Myingyan ...	25,457	8	0·31	49	1·92	37	1·45	...	...
67	Nyaung-u ...	8,118	2	0·25	12	1·48	17	2·09	...	...
68	Yamèthin ...	9,291	1	0·11	43	4·63	11	1·18	...	...
69	Pyinmana ...	17,656	12	0·68	43	2·44	31	1·76	...	...
70	Pyawbwè ...	5,783	5	0·86	2	0·35	6	1·04	...	...
SAGAING DIVISION.										
71	Shwebo ...	11,286	3	0·27	8	0·71	...	...	1	0·09
72	Ye-u ...	3,739	...	...	...	...	...	...	...	...
73	Sagaing ...	14,127	14	0·99	26	1·84	13	0·92	...	...
74	Myinmu ...	5,072	9	1·77	27	5·32	8	1·58	...	...
75	Mônywa ...	10,800	2	0·19	81	7·50	11	1·02	2	0·19
Total of Towns, Burma		1,412,601	1,113	0·79	3,880	2·75	2,371	1·68	8	0·01
Towns for which corresponding Rural figures are not given in VI-A.										
1	Bhamo ...	8,011	1	0·12	10	1·25	14	1·75	2	0·25
2	Myitkyina ...	7,328	...	...	41	5·59	20	2·73	...	...
3	Mawlaik ...	2,278	2	0·88	14	6·15	...	...	...	...
4	Lashio ...	4,638	...	...	44	9·49	3	0·65	...	...
5	Taunggyi ...	8,652	3	0·35	53	6·13	19	2·20	...	...
6	Kalaw ...	3,621	2	0·55	15	4·14	6	1·66	...	...

NOTE—Column 22, "Mumps"

to Annual Statement VI-B, 1935—contd.

Diseases.		Other causes.												No.
17		18		19		20		21		23		24		
Other Respiratory Diseases.		Beri-beri including Epidemic Dropsy.		Acute Poliomyelitis.		Diphtheria.		Chicken-pox.		Tuberculosis of Joints.		Other Tubercular Diseases.		
Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	Death.	Ratio.	
13	0.64	13	0.64	...	...	...	...	...	...	...	...	...	...	46
14	0.60	1	0.04	...	...	1	0.04	...	...	...	...	3	0.13	47
3	0.51	...	...	...	...	...	...	...	...	1	0.17	1	0.17	48
3	0.38	...	...	...	...	...	...	...	...	...	...	2	0.26	49
8	0.86	...	...	...	...	...	...	...	...	...	...	...	...	50
1	0.08	11	0.88	...	...	...	...	...	...	...	...	...	...	51
24	4.00	...	...	...	...	...	...	...	...	1	0.17	1	0.17	52
3	0.45	...	...	...	...	...	...	...	...	...	...	...	...	53
21	2.56	...	...	...	...	...	...	...	...	...	...	2	0.24	54
71	8.51	...	...	...	...	...	...	...	...	...	...	1	0.12	55
4	0.36	...	...	...	...	...	...	...	...	...	...	...	...	56
...	...	2	0.16	...	...	...	...	...	...	...	...	...	...	57
226	9.78	...	...	...	...	...	...	...	...	...	...	...	...	58
332	2.46	10	0.07	...	...	2	0.01	1	0.01	6	0.04	28	0.21	59
16	1.23	...	...	...	...	...	...	...	...	...	...	2	0.15	60
26	1.57	...	...	...	...	...	...	...	...	...	...	1	0.06	61
4	0.84	...	...	...	...	...	...	...	...	...	...	2	0.42	62
...	...	...	...	...	...	...	...	...	...	...	...	...	...	63
7	0.95	...	...	...	...	...	...	...	...	...	...	2	0.27	64
13	1.47	...	...	...	...	...	...	...	...	...	...	1	0.11	65
13	0.51	...	...	...	...	...	...	...	...	...	...	1	0.04	66
2	0.25	...	...	...	...	...	...	...	...	...	...	...	...	67
16	1.72	1	0.11	...	...	...	...	...	...	...	...	...	...	68
13	0.74	1	0.06	...	...	...	...	...	...	...	...	23	1.30	69
3	0.52	...	...	...	...	...	...	...	...	...	...	...	...	70
3	0.27	...	...	...	...	1	0.09	...	...	...	...	8	0.71	71
5	1.34	...	...	...	...	...	...	...	...	...	...	1	0.27	72
37	2.62	...	...	...	...	...	...	...	...	...	...	...	...	73
5	0.99	...	...	...	...	...	...	...	...	...	...	...	...	74
22	2.04	...	...	...	...	...	...	...	...	...	...	2	0.19	75
2,630	1.86	153	0.11	2	0.00	19	0.01	2	0.00	17	0.01	246	0.17	
7	0.87	...	...	...	...	1	0.12	...	...	...	...	...	...	1
9	1.23	2	0.27	...	...	1	0.14	...	...	1	0.14	3	0.41	2
11	4.83	2	0.88	...	...	...	...	...	...	...	...	2	0.88	3
11	2.37	...	...	...	...	...	...	...	...	...	...	...	...	4
...	...	...	...	...	...	...	...	...	...	...	...	...	...	5
1	0.28	...	...	...	...	...	...	...	...	...	...	...	...	6

—no deaths reported.

STATEMENT VI-B (a).—Supplement to Annual Statement VI-B, 1935—contd.

No.	Divisions and Towns.	Population (Census 1931).	Other Causes.								
			25		26		27	28			29
			Leprosy.		Cancer.		Deaths from Child-birth.	Deaths under one year.			Infantile mortality rate per 1,000 births.
			Death.	Ratio.	Death.	Ratio.		Male.	Female.	Total.	
ARAKAN DIVISION.											
1	Akyab ...	38,094	...	...	4	0·11	4	77	67	144	198·35
2	Minbya ..	2,244	...	...	...	...	...	12	3	15	170·45
3	Kyaukpyu ...	4,232	...	...	1	0·24	...	17	11	28	164·71
4	Sandoway ...	4,070	...	...	...	...	...	8	7	15	131·58
PEGU DIVISION.											
5	Rangoon ...	398,967	87	0·22	68	0·17	58	1,405	1,196	2,601	251·52
6	Rangoon Cantonment	1,448	...	...	...	...	...	2	...	2	133·33
7	Pegu ...	21,626	3	0·14	3	0·14	12	118	91	209	251·81
8	Nyaunglebin ...	7,790	...	...	1	0·13	8	44	40	84	302·16
9	Tharrawaddy ...	7,131	...	...	3	0·42	2	19	12	31	154·23
10	Thônzè ...	7,962	...	...	1	0·13	4	35	27	62	201·95
11	Zigôn ...	6,365	...	...	...	...	2	19	14	33	208·86
12	Letpadan ...	12,160	1	0·08	2	0·16	2	27	30	57	210·33
13	Gyobingauk ...	7,675	1	0·13	...	...	5	51	46	97	419·91
14	Minhla ...	4,413	1	0·23	...	...	5	6	3	9	77·59
15	Nattalin ...	5,633	...	...	...	...	2	14	12	26	148·57
16	Syriam ...	15,070	1	0·07	1	0·07	6	46	39	85	166·02
17	Thôngwa ...	8,976	...	...	1	0·11	3	31	18	49	159·61
18	Insein ...	20,487	...	...	2	0·10	4	68	58	126	257·14
19	Mingaladon Cantonment	3,910	...	...	...	...	...	10	5	15	283·02
20	Thamaing ...	5,645	3	0·53	1	0·18	...	21	14	35	227·27
21	Kamayut ...	7,256	...	...	...	...	...	39	32	71	412·79
22	Thingangyun ...	7,984	...	...	2	0·25	2	18	15	33	203·70
23	Kanbe ...	6,575	...	...	...	...	2	32	20	52	293·79
24	Prome ...	28,295	...	...	5	0·18	14	184	171	355	320·98
25	Shwedaung ...	8,408	1	0·12	1	0·12	3	30	24	54	211·76
26	Paungdè ...	13,479	3	0·22	...	...	5	65	58	123	242·13
IRRAWADDY DIVISION.											
27	Bassein ...	45,662	10	0·22	9	0·20	20	239	164	403	259·66
28	Ngathainggyaung ...	5,380	...	...	2	0·37	1	24	17	41	256·25
29	Kyônpyaw ...	5,866	2	0·34	1	0·17	2	20	7	27	152·54
30	Henzada ...	28,542	4	0·14	1	0·04	11	122	106	228	288·24
31	Myanaung ...	9,072	1	0·11	1	0·11	4	63	36	99	325·66
32	Kyangin ...	6,780	1	0·15	1	0·15	2	34	28	62	305·42
33	Myaungmya ...	7,773	2	0·26	2	0·26	11	52	31	83	332·00
34	Wakèma ...	9,359	...	...	2	0·21	4	38	30	68	237·76
35	Moulmeingyun ...	7,747	...	...	1	0·13	4	41	41	82	301·47
36	Maubin ...	8,897	2	0·22	...	...	6	45	34	79	309·80
37	Yandoon ...	9,925	5	0·50	1	0·10	6	38	33	71	297·07
38	Danubyu ...	6,334	1	0·16	...	...	2	23	38	61	253·11
39	Pyapôn ...	12,338	3	0·24	6	0·49	3	50	23	73	233·97
40	Kyaiklat ...	10,658	1	0·09	1	0·09	3	58	43	101	268·62
TENASSERIM DIVISION.											
41	Thatôn ...	16,851	7	0·43	3	0·18	6	86	61	147	224·43
42	Kyaikto ...	6,611	2	0·30	1	0·15	2	21	26	47	243·52
43	Moulmein ...	65,506	11	0·17	16	0·24	34	195	172	367	186·96
44	Kawkareik ...	6,575	2	0·30	...	...	4	46	39	85	278·69
45	Tavoy ...	29,018	3	0·10	...	...	17	147	130	277	269·46

STATEMENT VI-B (a).—*Supplement to Annual Statement VI-B, 1935—concl'd.*

No.	Divisions and Towns.	Population (Census 1931.)	Other Causes.								
			25		26		27	28			29
			Leprosy.		Cancer.		Deaths from Child-birth.	Deaths under one year.			Infantile mortality rate per 1,000 births
		Death.	Ratio.	Death.	Ratio.		Male.	Female.	Total.		
TENASSERIM DIVISION —concl'd.											
46	Mergui ...	20,405	...	...	3	0·15	12	118	107	225	289·95
47	Toungoo ...	23,223	2	0·09	...	...	8	48	47	95	137·09
48	Shwegyin ...	5,876	1	0·17	...	...	1	25	16	41	213·54
49	Pyu ...	7,807	...	...	...	...	5	36	18	45	191·49
MAGWE DIVISION.											
50	Thayetmyo ...	9,279	3	0·32	...	...	2	70	62	132	349·21
51	Allanmyo ...	12,511	1	0·08	...	...	3	68	60	128	290·91
52	Minbu ...	6,005	3	0·50	...	...	...	16	11	27	119·47
53	Salin ...	6,654	1	0·15	...	...	4	45	42	87	309·61
54	Magwe ...	8,209	1	0·12	...	...	1	64	31	95	298·74
55	Taungdwingyi ...	8,339	2	0·24	1	0·12	3	107	97	204	446·39
56	Yenangyaung ...	11,098	4	0·36	1	0·09	6	92	52	144	291·50
57	Chauk ...	12,830	...	...	...	...	4	40	39	79	303·85
58	Pakôkku ...	23,115	13	0·56	...	...	12	196	180	376	421·52
MANDALAY DIVISION.											
59	Mandalay ...	134,950	52	0·39	14	0·10	69	1,013	786	1,799	227·98
60	Mandalay Cantonment	12,982	1	0·08	...	...	1	70	57	127	399·37
61	Maymyo ...	16,586	...	...	6	0·36	6	83	77	160	190·25
62	Maymyo Cantonment	4,749	...	...	...	...	...	16	10	26	206·35
63	Myitngè ...	5,682	...	...	...	...	1	26	19	45	398·23
64	Kyauksè ...	7,353	...	...	...	...	...	46	46	92	334·55
65	Meiktila ...	8,830	...	...	...	...	3	55	45	100	297·62
66	Myingyan ...	25,457	3	0·12	1	0·04	19	227	156	383	351·38
67	Nyaung-u ...	8,118	5	0·62	1	0·12	5	53	32	85	364·81
68	Yamethin ...	9,291	...	...	...	...	2	46	44	90	258·62
69	Pyinmana ...	17,656	2	0·11	4	0·23	4	104	79	183	216·57
70	Pyawbwè ...	5,783	2	0·35	2	0·35	3	58	50	108	373·70
SAGAING DIVISION.											
71	Shwebo ...	11,286	3	0·27	...	...	...	68	62	130	255·40
72	Ye-u ...	3,739	3	0·80	...	...	...	21	19	40	223·46
73	Sagaing ...	14,127	1	0·07	...	...	1	77	53	130	226·09
74	Myinmu ...	5,072	2	0·39	...	...	3	41	38	79	309·80
75	Mônnya ...	10,800	1	0·09	...	...	4	105	65	170	355·65
Total of Towns, Burma		1,412,601	264	0·19	177	0·13	467	6,774	5,472	12,246	255·82
Towns for which corresponding Rural figures are not given in VI-A.											
1	Bhamo ...	8,011	...	...	...	...	4	40	32	72	244·07
2	Myitkyina ...	7,328	...	...	3	0·41	5	23	14	37	125·00
3	Mawlaik ...	2,278	...	...	...	...	2	19	13	32	280·70
4	Lashio ...	4,638	...	...	...	...	3	19	15	34	178·01
5	Taunggyi ...	8,652	1	0·12	...	...	...	24	21	45	117·19
6	Kalaw ...	3,621	...	...	...	...	...	5	2	7	64·22

ANNUAL STATEMENT NO. VII.—Deaths registered from Cholera in the Dis

No.	Divisions and Districts,	3		4		January.	February.	March.	April.	May.	June.
		Circles of Registration.		Village-tracts.							
		Number in each district.	Number from which deaths from cholera were reported.	Number in each district.	Number from which deaths from cholera were reported.						
ARAKAN DIVISION.											
1	Akyab ...	10	9	719	113	...	...	...	...	12	52
2	Kyaukpyu ...	6	2	265	40	...	...	...	...	...	116
3	Sandoway ...	5	1	153	3	...	...	...	...	12	...
PEGU DIVISION.											
4	Rangoon ...	2	1	2	1	24	16	8	9	6	5
5	Pegu ...	19	5	410	14	...	1	...	9	...	...
6	Tharrawaddy ...	14	3	473	3	...	...	...	19	...	1
7	Hanthawaddy ...	9	7	467	89	15	22	22	61	15	6
8	Insein ...	10	2	312	15	...	...	1	17	2	11
9	Prome ...	14	2	345	20	...	...	...	...	...	...
IRRAWADDY DIVISION.											
10	Bassein ...	14	13	571	65	112	55	14	28	21	4
11	Henzada ...	9	5	421	33	3	13	5	...	17	7
12	Myaungmya ...	8	8	517	95	142	57	25	64	23	1
13	Maubin ...	7	7	271	153	67	118	69	103	35	56
14	Pyapôn ...	6	6	318	295	91	38	182	177	30	1
TENASSERIM DIVISION.											
15	Thatôn ...	13	8	373	123	33	49	61	81	16	35
16	Amherst ...	10	10	334	144	28	133	59	97	44	117
17	Tavoy ...	6	5	170	60	...	11	30	25	...	24
18	Mergui ...	6	5	139	57	2	70	99	69	34	51
19	Toungoo ...	11	...	531	...	...	...	...	...	...	...
MAGWE DIVISION.											
20	Thayetmyo ...	8	4	501	26	...	...	...	4	12	4
21	Minbu ...	10	3	350	5	...	...	...	...	...	3
22	Magwe ...	10	6	428	22	...	...	...	10	25	21
23	Pakôkku ...	9	9	619	213	...	...	...	225	73	23
MANDALAY DIVISION.											
24	Mandalay ...	12	3	295	3	...	...	...	...	...	2
25	Kyauksè ...	5	...	249	...	...	...	...	...	...	...
26	Meiktila ...	5	1	297	1	...	...	...	...	1	...
27	Myingyan ...	9	4	450	17	...	...	...	...	24	14
28	Yamèthin ...	12	...	348	...	...	...	...	...	...	...
SAGAING DIVISION.											
29	Shwebo ...	10	1	549	1	...	...	...	...	...	...
30	Sagaing ...	8	7	287	35	...	...	...	...	2	3
31	Lower Chindwin ...	8	5	351	20	...	...	...	...	...	1
	Total ...	285	143	11,515	1,666	517	583	575	998	404	558

districts of Burma during each month of the year 1935. (Paragraphs 14 and 15.)

5						6			7			8	9
July.	August.	September.	October.	November.	December.	Total.			Ratio of deaths per 1,000 of population.			Mean ratio per 1,000 of previous five years.	No.
						Males.	Females.	Total.	Males.	Females.	Total.		
291	125	3	..	...	...	296	187	483	0.87	0.63	0.76	0.46	1
133	3	...	...	...	...	124	128	252	1.15	1.14	1.14	0.10	2
...	...	...	...	...	...	8	4	12	0.12	0.06	0.09	0.00	3
...	...	...	...	...	1	58	11	69	0.21	0.09	0.17	0.02	4
...	1	...	...	...	18	24	5	29	0.09	0.02	0.06	0.02	5
...	...	...	...	...	...	7	13	20	0.03	0.05	0.04	0.01	6
1	6	...	...	4	1	101	52	153	0.46	0.27	0.37	0.01	7
4	...	...	...	...	...	19	16	35	0.11	0.10	0.11	0.02	8
1	118	1	...	...	..	57	63	120	0.28	0.30	0.29	0.00	9
...	11	...	...	...	...	161	84	245	0.55	0.30	0.43	0.05	10
39	68	11	...	...	...	97	66	163	0.32	0.21	0.26	0.00	11
9	...	...	...	...	...	195	126	321	0.83	0.60	0.72	0.22	12
40	...	6	...	...	...	287	207	494	1.52	1.13	1.33	0.04	13
3	...	...	...	...	...	345	177	522	1.92	1.14	1.56	0.23	14
23	8	29	95	27	55	330	182	512	1.20	0.71	0.96	0.02	15
35	...	15	7	5	4	328	216	544	1.21	0.88	1.05	0.01	16
17	18	28	49	63	153	239	179	418	2.58	2.05	2.32	...	17
140	93	56	102	105	92	541	372	913	6.35	4.85	5.64	0.24	18
...	...	...	...	...	...	...	...	...	...	...	...	0.01	19
16	37	4	...	2	...	40	39	79	0.30	0.28	0.29	0.00	20
5	1	...	...	5	2	7	9	16	0.05	0.06	0.06	0.00	21
9	11	...	3	19	13	66	45	111	0.26	0.18	0.22	0.00	22
87	489	110	...	...	...	561	446	1,007	2.33	1.73	2.02	0.01	23
...	5	6	...	9	2	13	11	24	0.07	0.06	0.06	0.01	24
...	...	...	...	...	...	...	...	...	...	...	...	0.00	25
...	...	...	...	...	...	1	...	1	0.01	...	0.00	0.03	26
7	25	8	1	...	...	46	33	79	0.20	0.14	0.17	0.03	27
...	...	...	...	...	...	...	...	...	...	...	...	0.00	28
...	...	...	...	...	3	3	...	3	0.01	...	0.01	...	29
18	45	14	12	7	7	56	52	108	0.35	0.30	0.32	0.00	30
17	70	4	14	19	...	76	49	125	0.43	0.24	0.33	0.01	31
895	1,134	295	283	265	351	4,086	2,772	6,858	0.66	0.47	0.57	0.06	

ANNUAL STATEMENT NO. VIII.—Deaths registered from Small-pox in the

1 No.	2 Divisions and Districts.	3 Circles of Registration.		4 Village-tracts.		5						
		Number in each district.	Number from which deaths from small-pox were reported.	Number in each district.	Number from which deaths from small-pox were reported.	January.	February.	March.	April.	May.	June.	July.
ARAKAN DIVISION.												
1	Akyab ...	10	1	719	1	...	...	...	1	...	...	...
2	Kyaukpyu ...	6	...	265	...	...	...	...	...	...	...	...
3	Sandoway ...	5	...	153	...	...	...	...	...	...	...	...
PEGU DIVISION.												
4	Rangoon ...	2	1	2	1	8	24	63	36	21	8	8
5	Pegu ...	19	9	410	18	1	...	7	2	6	...	3
6	Tharrawaddy ...	14	3	473	3	...	...	...	2	2	...	...
7	Hanthawaddy ...	9	5	467	22	...	2	2	...	4	4	1
8	Insein ...	10	7	312	21	3	4	6	11	2	6	2
9	Prone ...	14	3	345	4	...	...	1	...	...	...	...
IRRAWADDY DIVISION.												
10	Bassein ...	14	3	571	4	...	...	...	...	...	1	1
11	Henzada ...	9	7	421	19	5	1	4	4	3	2	1
12	Myaungmya ...	8	3	517	3	...	...	...	1	1	...	2
13	Maubin ...	7	4	271	3	...	1	...	1	...	1	1
14	Pyapôn ...	6	3	318	3	...	...	...	...	1	...	...
TENASSERIM DIVISION.												
15	Thatôn ...	13	4	373	4	...	...	1	1	2	2	1
16	Amherst ...	10	4	334	5	...	...	2	...	...	1	1
17	Tavoy ...	6	1	170	1	...	...	...	...	...	...	1
18	Mergui ...	6	3	139	7	8	...	...	4	...	...	...
19	Toungoo ...	11	10	531	49	12	17	29	50	54	13	5
MAGWE DIVISION.												
20	Thayetmyo ...	8	4	501	15	9	...	2	17	2	1	...
21	Minbu ...	10	2	350	6	5	...	1	2	...	...	...
22	Magwe ...	10	7	428	37	1	...	3	23	6	...	...
23	Pakôkku ...	9	5	619	53	4	7	22	73	39	11	3
MANDALAY DIVISION.												
24	Mandalay ...	12	6	295	6	...	...	1	5	9	8	2
25	Kyauksè ...	5	5	249	23	...	1	7	8	4	...	...
26	Meiktila ...	5	3	297	24	2	4	10	16	22	2	2
27	Myingyan ...	9	7	450	16	...	2	10	16	17	12	10
28	Yamèthin ...	12	2	348	5	...	...	3	4	3	...	...
SAGAING DIVISION.												
29	Shwebo ...	10	9	549	44	9	23	20	46	50	14	6
30	Sagaing ...	8	6	287	54	4	7	9	13	26	9	3
31	Lower Chindwin ...	8	2	351	3	...	1	...	...	1	...	1
	Total ...	285	129	11,515	454	71	94	203	336	275	95	54

Districts of Burma during each month of the year 1935. (Paragraphs 14 and 17.)

					6			7		8			9	10
August.	September.	October.	November.	December.	Total.			Number of these deaths among children		Ratio of deaths per 1,000 of population.			Mean ratio per 1,000 of previous five years.	No.
					Males.	Females.	Total.	Under 1 year.	One and under 10 years.	Males.	Females.	Total.		
...	...	...	...	...	1	...	1	...	...	0.00	...	0.00	0.19	1
...	...	...	...	...	...	...	...	...	...	...	...	...	0.00	2
...	...	...	...	...	...	...	...	...	...	...	...	...	0.09	3
2	...	1	...	1	108	64	172	29	26	0.40	0.49	0.43	0.32	4
1	9	1	3	2	20	15	35	4	11	0.08	0.06	0.07	0.01	5
...	1	...	...	1	2	4	6	1	3	0.01	0.02	0.01	0.07	6
4	4	5	...	...	16	10	26	...	2	0.07	0.05	0.06	0.03	7
2	...	...	...	...	22	14	36	2	...	0.13	0.09	0.11	0.11	8
1	...	...	3	3	7	1	8	...	2	0.03	0.00	0.02	0.04	9
...	...	...	...	2	4	...	4	...	1	0.01	..	0.01	0.12	10
...	4	4	3	1	19	13	32	...	4	0.06	0.04	0.05	0.08	11
...	1	...	...	...	3	2	5	...	1	0.01	0.01	0.01	0.09	12
2	...	...	...	...	6	...	6	1	...	0.03	...	0.02	0.06	13
1	...	...	...	1	2	1	3	...	1	0.01	0.01	0.01	0.05	14
...	...	...	...	...	4	3	7	...	...	0.01	0.01	0.01	0.03	15
3	3	2	1	2	11	4	15	3	3	0.04	0.02	0.03	0.08	16
...	...	...	...	...	...	1	1	1	...	...	0.01	0.01	0.02	17
...	...	...	2	4	12	6	18	...	1	0.14	0.08	0.11	0.01	18
5	1	...	...	3	101	88	189	20	59	0.46	0.42	0.44	0.02	19
1	...	...	...	...	18	14	32	...	10	0.13	0.10	0.12	0.12	20
...	...	...	...	...	3	5	8	...	1	0.02	0.04	0.03	0.09	21
7	...	...	...	...	21	19	40	...	1	0.08	0.08	0.08	0.04	22
...	...	...	...	...	85	74	159	12	53	0.35	0.29	0.32	0.07	23
1	3	...	...	6	21	14	35	6	13	0.11	0.08	0.09	0.87	24
...	3	...	...	...	15	8	23	...	...	0.20	0.10	0.15	0.16	25
3	...	...	...	...	25	36	61	5	20	0.17	0.22	0.20	0.02	26
9	6	...	...	...	44	38	82	...	13	0.19	0.16	0.17	0.17	27
...	...	...	...	...	1	9	10	1	3	0.01	0.05	0.03	0.04	28
3	1	...	1	...	99	74	173	7	32	0.46	0.32	0.39	0.14	29
...	...	1	...	...	39	33	72	6	18	0.24	0.19	0.21	0.33	30
...	...	...	...	...	3	...	3	...	1	0.02	...	0.01	0.16	31
45	36	14	13	26	712	550	1,262	98	279	0.12	0.09	0.10	0.12	

ANNUAL STATEMENT NO. IX.—Deaths registered from Fevers in the Districts.

1 No.	2 Divisions and Districts.	3 Circles of Registration.		4 Village-tracts.		5					
		Number in each district.	Number from which deaths from fevers were reported.	Number in each district.	Number from which deaths from fevers were reported.	January.	February.	March.	April.	May.	June.
ARAKAN DIVISION.											
1	Akyab ...	10	10	719	588	589	432	445	540	630	492
2	Kyaukpyu ...	6	6	265	233	170	111	102	113	83	110
3	Sandoway ...	5	5	153	153	132	132	122	77	103	115
PEGU DIVISION.											
4	Rangoon ...	2	1	2	1	9	7	11	14	10	22
5	Pegu ...	19	19	410	384	136	144	146	190	146	175
6	Tharrawaddy ...	14	14	473	473	298	238	367	347	239	275
7	Hanthawaddy ...	9	9	467	467	112	95	152	149	124	176
8	Insein ...	10	10	312	312	191	165	194	123	134	149
9	Prome ...	14	14	345	345	266	248	360	244	258	315
IRRAWADDY DIVISION.											
10	Bassein ...	14	14	571	571	295	274	296	336	343	306
11	Henzada ...	9	9	421	421	291	197	251	200	188	240
12	Myaungmya ...	8	8	517	517	215	190	146	165	109	140
13	Maubin ...	7	7	271	243	103	75	76	163	139	197
14	Pyapôn ...	6	6	318	318	273	156	198	195	197	160
TENASSERIM DIVISION.											
15	Thatôn ...	13	8	373	287	507	261	207	440	282	247
16	Amherst ...	10	10	334	334	112	179	217	172	119	204
17	Tavoy ...	6	6	170	170	253	114	219	164	159	259
18	Mergui ...	6	6	139	139	178	151	132	122	130	109
19	Toungoo ...	11	11	531	531	245	207	298	233	275	326
MAGWE DIVISION.											
20	Thayetnyo ...	8	8	501	412	143	84	119	138	145	108
21	Minbu ...	10	10	350	350	380	232	229	258	199	156
22	Magwe ...	10	10	428	428	314	275	304	356	289	247
23	Pakôkku ...	9	9	619	619	286	233	398	397	340	227
MANDALAY DIVISION.											
24	Mandalay ...	12	11	295	178	147	89	210	184	179	161
25	Kyaukse ...	5	5	249	249	151	123	93	146	121	114
26	Meiktila ...	5	5	297	297	134	85	99	154	78	81
27	Myingyan ...	9	9	450	168	219	134	112	112	146	88
28	Yamethin ...	12	12	348	348	221	172	169	334	204	150
SAGAING DIVISION.											
29	Shwebo ...	10	10	549	549	460	310	424	516	497	383
30	Sagaing ...	8	8	287	265	209	178	168	145	178	101
31	Lower Chindwin ...	8	8	351	315	258	157	238	231	223	174
	Total ...	285	278	11,515	10,665	7,297	5,448	6,502	6,958	6,267	6,007

of Burma during each month of the year 1935. (Paragraphs 14 and 21.)

July.	August.	September.	October.	November.	December.	6			7			8 Mean ratio per 1,000 of previous five years.	9 No.
						Total.			Ratio of deaths per 1,000 of population.				
						Males.	Females.	Total.	Males.	Females.	Total.		
871	873	634	697	772	777	4,052	3,700	7,752	11.97	12.46	12.20	11.21	1
200	170	100	107	135	87	722	766	1,488	6.70	6.81	6.75	7.70	2
152	129	90	115	122	148	721	716	1,437	11.23	11.01	11.12	10.20	3
14	12	12	9	7	19	109	37	146	0.40	0.29	0.36	0.74	4
261	223	132	163	195	308	1,329	890	2,219	5.23	3.77	4.53	4.06	5
292	309	345	324	286	419	1,938	1,801	3,739	7.71	7.08	7.39	6.72	6
178	120	111	136	176	200	974	755	1,729	4.45	3.98	4.23	4.06	7
201	175	129	147	149	209	1,095	871	1,966	6.24	5.59	5.93	5.21	8
471	389	424	303	370	639	2,171	2,116	4,287	10.69	10.20	10.44	10.52	9
304	247	155	254	214	269	1,822	1,471	3,293	6.24	5.27	5.77	4.92	10
345	338	410	304	413	372	1,855	1,694	3,549	6.08	5.45	5.76	4.90	11
267	168	159	288	280	266	1,381	1,012	2,393	5.86	4.84	5.38	4.56	12
304	272	174	454	383	310	1,392	1,258	2,650	7.37	6.88	7.13	3.60	13
184	147	151	144	186	233	1,220	1,004	2,224	6.79	6.49	6.66	5.56	14
652	414	295	601	417	390	2,460	2,253	4,713	8.95	8.74	8.85	5.18	15
240	206	158	172	125	242	1,212	934	2,146	4.48	3.80	4.16	3.52	16
236	220	248	268	249	584	1,675	1,298	2,973	18.08	14.86	16.52	11.58	17
252	130	77	207	162	131	991	790	1,781	11.62	10.30	10.99	9.74	18
405	423	287	301	362	316	2,019	1,659	3,678	9.18	7.94	8.58	6.82	19
114	114	135	121	146	232	832	767	1,599	6.14	5.53	5.83	6.55	20
269	261	275	220	258	260	1,591	1,406	2,997	11.64	9.96	10.79	14.36	21
414	385	240	358	377	340	2,021	1,878	3,899	8.06	7.55	7.80	5.82	22
485	695	531	521	478	407	2,452	2,546	4,998	10.17	9.87	10.01	12.20	23
179	142	240	167	182	360	1,240	1,000	2,240	6.47	5.56	6.03	8.01	24
161	183	180	182	121	155	916	814	1,730	12.23	10.65	11.43	11.40	25
108	68	51	200	129	107	713	581	1,294	4.84	3.57	4.17	5.67	26
62	85	63	109	97	87	691	623	1,314	3.02	2.56	2.78	2.78	27
201	222	153	183	296	260	1,402	1,163	2,565	7.21	5.92	6.56	7.33	28
546	681	540	604	652	780	3,269	3,124	6,393	15.26	13.43	14.31	15.80	29
150	158	131	196	235	217	1,034	1,032	2,066	6.47	5.86	6.15	6.86	30
261	312	333	343	289	349	1,606	1,562	3,168	9.00	7.62	8.26	10.93	31
8,779	8,271	6,963	8,198	8,263	9,473	46,905	41,521	88,426	7.59	7.01	7.31	7.01	

ANNUAL STATEMENT No. X.—Deaths registered from Dysentery and Diarrhœa in

1 No.	2 Divisions and Districts.	3 Circles of Registration.		4 Village-tracts.		January.	February.	March.	April.	May.	June.
		Number in each district.	Number from which deaths from dysentery and diarrhœa were reported.	Number in each district.	Number from which deaths from dysentery and diarrhœa were reported.						
ARAKAN DIVISION.											
1	Akyab ...	10	10	719	117	31	10	17	30	36	62
2	Kyaukpyu ...	6	6	265	153	4	6	5	13	13	47
3	Sandoway ...	5	5	153	13	...	1	2	6	...	6
PEGU DIVISION.											
4	Rangoon ...	2	1	2	1	29	22	27	30	41	44
5	Pegu ...	19	13	410	15	7	...	2	6	6	6
6	Tharrawaddy ...	14	14	473	94	5	6	7	7	3	23
7	Hanthawaddy ...	9	9	467	103	7	8	10	5	13	20
8	Insein ...	10	10	312	87	7	6	5	12	8	21
9	Prome ...	14	13	345	128	3	1	4	4	9	16
IRRAWADDY DIVISION.											
10	Bassein ...	14	12	571	142	63	31	40	45	40	24
11	Henzada ...	9	7	421	43	4	2	4	6	33	16
12	Myaungmya ...	8	8	517	138	23	20	19	29	15	14
13	Maubin ...	7	7	271	32	11	10	14	9	10	15
14	Pyapôn ...	6	6	318	95	21	44	48	37	35	34
TENASSERIM DIVISION.											
15	Thatôn ...	13	7	373	69	6	2	1	25	16	13
16	Amherst ...	10	10	334	73	21	9	18	11	23	30
17	Tavoy ...	6	6	170	57	22	2	4	5	1	8
18	Mergui ...	6	6	139	73	18	20	8	17	26	100
19	Toungoo ...	11	10	531	56	9	4	12	6	26	18
MAGWE DIVISION.											
20	Thayetmyo ...	8	5	501	21	3	1	1	4	6	3
21	Minbu ...	10	10	350	52	3	6	1	5	2	2
22	Magwe ...	10	8	428	32	4	3	5	5	17	7
23	Pakôkku ...	9	8	619	181	8	5	8	21	54	33
MANDALAY DIVISION.											
24	Mandalay ...	12	9	295	15	18	13	13	19	39	32
25	Kyauksè ...	5	5	249	215	...	1	13	3	3	...
26	Meiktila ...	5	4	297	23	1	...	...	2	2	4
27	Myingyan ...	9	8	450	26	8	6	10	5	3	4
28	Yamèthin ...	12	10	348	28	4	2	...	3	4	6
SAGAING DIVISION.											
29	Shwebo ...	10	10	549	64	2	6	6	4	4	8
30	Sagaing ...	8	8	287	34	...	2	1	1	7	8
31	Lower Chindwin ...	8	8	351	76	13	13	6	8	15	16
Total, Burma		285	253	11,515	2,256	355	262	311	383	510	640

the Districts of Burma during each month of the year 1935. (Paragraphs 14 and 23).

5						6			7			8	No.
July.	August.	September.	October.	November.	December.	Total.			Ratio of deaths per 1,000 of population.			Mean ratio per 1,000 of previous five years.	
						Males.	Females.	Total.	Males.	Females.	Total.		
105	64	28	18	19	18	257	181	438	0.76	0.61	0.69	0.38	1
64	45	6	13	3	...	122	97	219	1.13	0.86	0.99	0.51	2
2	...	3	2	1	...	8	15	23	0.12	0.23	0.18	0.51	3
67	45	33	30	35	41	265	179	444	0.98	1.38	1.11	1.48	4
11	12	8	5	5	7	46	29	75	0.18	0.12	0.15	0.19	5
51	46	51	31	7	13	136	114	250	0.54	0.45	0.49	0.60	6
20	17	10	9	4	7	79	51	130	0.36	0.27	0.32	0.36	7
23	8	12	5	5	12	64	60	124	0.36	0.38	0.37	0.32	8
65	68	52	19	6	12	135	124	259	0.66	0.60	0.63	0.40	9
65	33	22	18	18	21	218	202	420	0.75	0.72	0.74	0.41	10
23	52	47	24	9	9	134	95	229	0.44	0.31	0.37	0.38	11
26	11	12	21	8	16	133	81	214	0.56	0.39	0.48	0.55	12
25	21	8	6	5	7	84	57	141	0.44	0.31	0.38	0.29	13
28	26	19	21	32	39	222	162	384	1.24	1.05	1.15	0.78	14
32	17	9	7	6	14	97	51	148	0.35	0.20	0.28	0.31	15
31	30	21	13	19	27	142	111	253	0.52	0.45	0.49	0.62	16
15	18	24	11	22	66	120	78	198	1.30	0.89	1.10	0.44	17
76	38	60	53	34	75	291	234	525	3.41	3.05	3.24	0.73	18
45	26	15	12	11	5	120	69	189	0.55	0.33	0.44	0.34	19
8	10	3	...	2	5	24	22	46	0.18	0.16	0.17	0.22	20
15	14	8	6	4	7	46	27	73	0.34	0.19	0.26	0.39	21
12	13	4	5	14	5	57	37	94	0.23	0.15	0.19	0.24	22
73	69	32	24	26	7	192	168	360	0.80	0.65	0.72	0.77	23
37	37	18	31	24	34	175	140	315	0.91	0.78	0.85	0.95	24
16	40	55	35	23	30	119	100	219	1.59	1.31	1.45	0.22	25
7	5	10	6	4	9	21	29	50	0.14	0.18	0.16	0.41	26
21	15	16	10	8	9	61	54	115	0.27	0.22	0.24	0.26	27
6	10	7	5	10	4	40	21	61	0.21	0.11	0.16	0.20	28
8	17	16	4	11	10	46	50	96	0.21	0.21	0.21	0.38	29
10	14	13	12	17	15	49	51	100	0.31	0.29	0.30	0.27	30
19	27	12	17	17	11	93	81	174	0.52	0.40	0.45	0.66	31
1,006	848	634	473	409	535	3,596	2,770	6,366	0.58	0.47	0.53	0.47	

ANNUAL STATEMENT NO. XI.—Deaths registered from Respiratory Diseases in

1 No.	2 Divisions and Districts.	3 Circles of Registration.		4 Village-tracts.		January.	February.	March.	April.	May.	June.
		Number in each district.	Number from which deaths from respiratory diseases were reported.	Number in each district.	Number from which deaths from respiratory diseases were reported.						
ARAKAN DIVISION.											
1	Akyab ...	10	9	719	144	59	40	34	62	48	37
2	Kyaukpyu ...	6	4	265	46	...	4	3	3	...	1
3	Sandoway ...	5	3	153	14	5	4	7	3	2	4
PEGU DIVISION.											
4	Rangoon ...	2	2	2	2	284	271	293	268	274	276
5	Pegu ...	19	7	410	14	20	16	17	13	23	16
6	Tharrawaddy ...	14	13	473	40	18	24	16	17	14	21
7	Hanthawaddy ...	9	6	467	94	18	18	19	19	14	18
8	Insein ...	10	10	312	47	15	18	23	11	9	25
9	Prome ...	14	5	345	12	21	16	24	22	16	22
IRRAWADDY DIVISION.											
10	Bassein ...	14	11	571	75	51	28	34	27	29	20
11	Henzada ...	9	6	421	18	19	12	26	18	25	22
12	Myaungmya ...	8	8	517	28	29	14	12	13	16	10
13	Maubin ...	7	7	271	63	16	22	17	16	19	23
14	Pyapôn ...	6	6	318	89	29	26	32	63	27	30
TENASSERIM DIVISION.											
15	Thatôn ...	13	3	373	5	19	14	19	9	7	11
16	Amherst ...	10	10	334	146	42	50	70	45	47	67
17	Tavoy ...	6	5	170	52	9	6	14	15	4	5
18	Mergui ...	6	6	139	50	18	9	10	12	7	8
19	Toungoo ...	11	8	531	25	8	16	27	16	10	14
MAGWE DIVISION.											
20	Thayetmyo ...	8	4	501	16	6	7	10	4	2	2
21	Minbu ...	10	8	350	32	11	6	10	8	2	4
22	Magwe ...	10	7	428	7	34	18	28	18	19	15
23	Pakôkku ...	9	5	619	13	21	23	24	24	48	24
MANDALAY DIVISION.											
24	Mandalay ...	12	7	295	7	82	65	100	90	97	88
25	Kyauksè ...	5	5	249	158	3	3	14	2	5	2
26	Meiktila ...	5	4	297	10	5	6	1	8	3	3
27	Myingyan ...	9	5	450	20	21	15	10	9	16	8
28	Yamèthin ...	12	7	348	7	9	10	13	17	9	12
SAGAING DIVISION.											
29	Shwebo ...	10	10	549	30	3	4	2	6	7	4
30	Sagaing ...	8	5	287	6	10	4	8	5	8	6
31	Lower Chindwin ...	8	8	351	217	72	62	50	96	79	86
	Total ...	285	204	11,515	1,487	957	831	967	939	886	884

the Districts of Burma during each month of the year 1935. (Paragraphs 14 and 24.)

July.	August.	September.	October.	November.	December.	6			7			8	9
						Total.			Ratio of deaths per 1,000 of population.				
						Males.	Females.	Total.	Males.	Females.	Total.		
56	57	38	43	38	34	340	206	546	1.00	0.69	0.86	1.02	1
40	3	5	3	3	2	44	23	67	0.41	0.20	0.30	0.11	2
1	2	3	2	1	4	23	15	38	0.36	0.23	0.29	0.23	3
291	273	267	275	254	266	2,103	1,189	3,292	7.76	9.19	8.22	7.42	4
21	15	16	17	11	14	114	85	199	0.45	0.36	0.41	0.43	5
24	27	16	34	28	29	148	120	268	0.59	0.47	0.53	0.64	6
15	21	14	18	19	19	120	92	212	0.55	0.48	0.52	0.40	7
16	25	17	15	17	16	118	89	207	0.67	0.57	0.62	0.45	8
36	33	39	30	24	22	175	130	305	0.86	0.63	0.74	1.16	9
46	46	50	44	53	56	297	187	484	1.02	0.67	0.85	0.89	10
18	42	29	19	17	22	145	124	269	0.48	0.40	0.44	0.51	11
17	15	18	17	10	15	102	84	186	0.43	0.40	0.42	0.54	12
11	10	4	14	10	16	107	71	178	0.57	0.39	0.48	0.41	13
24	25	23	31	28	39	221	156	377	1.23	1.01	1.13	0.72	14
12	13	16	27	25	34	125	81	206	0.45	0.31	0.39	0.53	15
53	73	68	37	44	66	378	284	662	1.40	1.16	1.28	1.27	16
17	17	20	39	22	54	137	85	222	1.48	0.97	1.23	0.60	17
19	15	38	16	12	10	90	84	174	1.06	1.09	1.07	0.80	18
20	21	15	22	14	14	124	73	197	0.56	0.35	0.46	0.40	19
7	1	6	1	6	6	38	20	58	0.28	0.14	0.21	0.43	20
6	4	8	2	8	9	42	36	78	0.31	0.25	0.28	0.37	21
15	19	23	18	37	37	164	117	281	0.65	0.47	0.56	0.49	22
21	15	19	28	28	19	144	150	294	0.60	0.58	0.59	0.50	23
99	100	84	102	145	145	699	498	1,197	3.65	2.77	3.22	3.58	24
10	35	41	18	15	28	101	75	176	1.35	0.98	1.16	0.36	25
3	2	3	2	6	1	29	14	43	0.20	0.09	0.14	0.33	26
11	7	13	26	8	29	110	63	173	0.48	0.26	0.37	0.78	27
14	10	20	18	24	18	102	72	174	0.52	0.37	0.45	0.71	28
13	6	6	...	6	2	31	28	59	0.14	0.12	0.13	0.31	29
8	8	6	10	24	24	70	51	121	0.44	0.29	0.36	0.40	30
99	121	143	130	146	127	662	549	1,211	3.71	2.68	3.16	3.25	31
1,043	1,061	1,068	1,058	1,083	1,177	7,103	4,851	11,954	1.15	0.82	0.99	1.00	

ANNUAL STATEMENT NO. XII.—Deaths registered from Plague in the Districts

1 No.	2 Divisions and Districts.	3 Circles of Registration.		4 Village-tracts.		January.	February.	March.	April.	May.	June.
		Number in each district.	Number from which deaths from Plague were reported.	Number in each district.	Number from which deaths from Plague were reported.						
ARAKAN DIVISION.											
1	Akyab ...	10	...	719	...	...	...	...	...	...	...
2	Kyaukpyu ...	6	...	265	...	...	...	...	...	...	...
3	Sandoway ...	5	...	153	...	...	...	...	...	...	...
PEGU DIVISION.											
4	Rangoon ...	2	1	2	1	...	1	...	1	1	2
5	Pegu ...	19	8	410	9	9	3	7	1	...	1
6	Tharrawaddy ...	14	10	473	13	47	57	20	4	1	1
7	Hanthawaddy ...	9	...	467	...	...	...	...	...	...	...
8	Insein ...	10	1	312	1	...	1	...	...	...	...
9	Prome ...	14	3	345	5	3	3	...	...	1	...
IRRAWADDY DIVISION.											
10	Bassein ...	14	8	571	9	5	7	4	8	6	3
11	Henzada ...	9	4	421	5	46	29	14	2	...	...
12	Myaungmya ...	8	...	517	...	...	...	...	...	...	...
13	Maubin ...	7	1	271	1	...	...	5	...	...	...
14	Pyapôn ...	6	1	318	1	...	...	...	4	2	...
TENASSERIM DIVISION.											
15	Thatôn ...	13	6	373	19	26	32	43	25	3	7
16	Amberst ...	10	3	334	5	6	5	1	...	1	2
17	Tavoy ...	6	...	170	...	...	...	...	...	...	...
18	Mergui ...	6	...	139	...	...	...	...	...	...	...
19	Toungoo ...	11	4	531	4	9	10	21	9	5	11
MAGWE DIVISION.											
20	Thayetmyo ...	8	...	501	...	...	...	...	...	...	...
21	Minbu ...	10	4	350	5	2	6	12	...	...	...
22	Magwe ...	10	7	428	17	45	48	15	...	...	2
23	Pakkôku ...	9	...	619	...	...	...	...	...	...	...
MANDALAY DIVISION.											
24	Mandalay ...	12	3	295	4	3	5	6	5	10	...
25	Kyauksè ...	5	...	249	...	...	...	...	...	...	...
26	Meiktila ...	5	5	297	90	29	32	27	...	...	3
27	Myingyan ...	9	6	450	14	38	11	1	1	...	...
28	Yamèthin ...	12	4	348	10	...	2	...	...	...	...
SAGAING DIVISION.											
29	Shwebo ...	10	1	549	1	...	6	10	4	...	...
30	Sagaing ...	8	2	287	13	25	43	31	3	...	...
31	Lower Chindwin ...	8	...	351	...	...	...	...	...	...	...
Total ...		285	82	11,515	227	293	301	217	67	30	32

of Burma during each month of the year 1935. (Paragraphs 14 and 19.)

5						6			7			8	9
July.	August.	September.	October.	November.	December.	Total.			Ratio of deaths per 1,000 of population.			Mean ratio per 1,000 of previous five years.	No.
						Males.	Females.	Total.	Males.	Females.	Total.		
...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	2
...	...	...	...	...	...	...	...	...	...	...	...	...	3
7	3	1	...	...	1	17	...	17	0.06	...	0.04	0.06	4
...	2	...	...	1	2	21	5	26	0.08	0.02	0.05	0.06	5
...	1	25	6	3	1	85	81	166	0.34	0.32	0.33	0.24	6
...	...	...	...	...	...	...	...	...	...	...	...	0.03	7
3	4	...	...	...	...	6	2	8	0.03	0.01	0.02	0.02	8
...	...	...	...	11	3	13	8	21	0.06	0.04	0.05	0.27	9
4	1	1	2	1	2	21	23	44	0.07	0.08	0.08	0.11	10
...	...	...	...	...	...	44	47	91	0.14	0.15	0.15	0.11	11
...	...	...	...	...	...	...	...	...	...	...	...	0.03	12
...	...	...	...	...	...	3	2	5	0.02	0.01	0.01	0.05	13
...	...	...	...	...	...	3	3	6	0.02	0.02	0.02	0.00	14
10	13	4	...	4	2	105	64	169	0.38	0.25	0.32	0.16	15
1	...	...	...	...	...	6	10	16	0.02	0.04	0.03	0.01	16
...	...	...	...	...	...	...	...	...	...	...	...	...	17
...	...	...	...	...	...	...	...	...	...	...	...	0.00	18
1	...	...	...	...	1	32	35	67	0.15	0.17	0.16	0.11	19
...	...	...	...	...	...	...	...	...	...	...	...	0.11	20
...	...	...	...	...	...	8	12	20	0.06	0.08	0.07	0.05	21
...	9	5	9	5	8	85	61	146	0.34	0.25	0.29	0.23	22
...	...	...	...	...	...	...	...	...	...	...	...	0.07	23
...	...	...	...	...	37	37	29	66	0.19	0.16	0.18	1.37	24
...	...	...	...	...	...	...	...	...	...	...	...	0.03	25
21	18	11	3	7	21	83	89	172	0.56	0.55	0.55	0.35	26
...	...	...	...	2	19	41	31	72	0.18	0.13	0.15	0.24	27
...	...	...	5	21	47	38	37	75	0.20	0.19	0.19	0.08	28
...	...	...	...	...	3	18	5	23	0.08	0.02	0.05	0.03	29
...	...	...	...	...	...	53	49	102	0.33	0.28	0.30	0.22	30
...	...	...	...	...	...	...	...	...	...	...	...	0.14	31
47	51	47	25	55	147	719	593	1,312	0.12	0.10	0.11	0.14	

VACCINATION

STATEMENT NO. I (a).—Showing particulars of Rural Vaccina-

No.	Divisions and Districts.	Population of districts according to Census of 1931.	Average number of Vaccinators employed throughout the year.	Total number of persons	
				(5)	(6)
(1)	(2)	(3)	(4)	Male.	Female.
ARAKAN DIVISION.					
1	Akyab	597,242	10	15,566	13,751
2	Arakan Hill Tracts ...	21,418	3	1,634	1,077
3	Kyaukpyü' ...	216,060	6	6,117	6,276
4	Sandoway ...	125,175	3	2,942	2,593
PEGU DIVISION.					
5	Pegu ...	460,395	7	19,726	21,485
6	Tharrawaddy ...	454,471	10	17,153	18,003
7	Hanthawaddy ...	384,785	8	22,578	26,063
8	Insein ...	279,595	5	13,249	15,455
9	Prome ...	360,469	8	15,565	15,588
IRRAWADDY DIVISION.					
10	Bassein ...	514,135	11	19,704	20,375
11	Henzada ...	571,395	12	18,194	20,093
12	Myaungmya ...	419,905	12	16,402	17,911
13	Maubin ...	346,353	9	14,016	15,565
14	Pyapôn ...	311,162	8	20,606	21,788
TENASSERIM DIVISION.					
15	Salween ...	53,186	4	4,596	3,087
16	Thatôn ...	509,166	11	21,501	23,060
17	Amherst ...	444,152	8	23,278	23,000
18	Tavoy ...	150,946	5	7,253	8,377
19	Mergui ...	141,582	4	11,410	11,728
20	Toungoo ...	391,922	10	16,980	17,449

* Secondary operations

DEPARTMENT.

tions of Burma during the year 1935-36 (Paragraph 59).

vaccinated.	Average number of persons vaccinated by each Vaccinator.	Primary Vaccination.					
		Total.	Successful			Unknown.	No.
			Under one year.	One and under six years.	Total of all ages.		
(7)	(8)	(9)	(10)	(11)	(12)	(13)	(1)
Total.							
29,317	2,932	19,338	2,726	13,489	18,484	407	1
2,711	904	1,530	3	893	1,240	245	2
12,393	2,066	8,991	1,488	4,530	8,116	356	3
5,535	1,845	3,435	569	1,795	3,080	282	4
41,211	5,887	24,128	5,707	13,562	22,620	1,507	5
35,156	3,516	22,436	7,064	12,694	20,735	1,685	6
48,641	6,080	18,365	4,795	9,825	17,513	627	7
28,704	5,741	15,185	3,810	8,100	14,557	381	8
31,153	3,894	19,881	6,797	9,384	19,360	402	9
40,079	3,644	27,216	5,102	14,348	26,049	591	10
38,287	3,191	26,626	7,565	15,638	26,068	439	11
34,313	2,859	21,108	2,888	11,633	19,825	1,137	12
29,581	3,287	17,267	4,364	10,131	17,080	182	13
42,394	5,299	28,437	4,991	20,518	28,362	75	14
7,683	1,921	* 4,330	137	556	3,300	896	15
44,561	4,051	23,528	6,063	10,234	20,281	2,225	16
46,278	5,785	23,487	4,871	9,282	21,318	1,892	17
15,630	3,126	* 5,561	3,543	1,932	5,476	4	18
23,138	5,785	11,524	878	5,828	11,322	31	19
34,429	3,443	20,053	3,307	10,238	17,866	2,086	20

Included.

VACCINATION

STATEMENT NO. I (a).—Showing particulars of Rural Vaccinations.

No.	Divisions and Districts.	Re-vaccination			Percentage of which the results
		Total.	Successful.	Unknown.	Primary.
(1)	(2)	(14)	(15)	(16)	(17)
ARAKAN DIVISION.					
1	Akyab	9,979	894	452	97·64
2	Arakan Hill Tracts	1,181	392	212	96·50
3	Kyaukpyu	3,402	1,041	451	93·99
4	Sandoway	2,100	492	269	97·68
PEGU DIVISION.					
5	Pegu	17,083	1,935	4,618	100·00
6	Tharrawaddy	12,720	2,782	6,109	99·92
7	Hanthawaddy	30,276	12,240	2,274	98·73
8	Insein	* 13,618	3,448	796	98·33
9	Prome	11,272	2,690	1,348	99·39
IRRAWADDY DIVISION.					
10	Bassein	12,863	3,761	2,719	97·84
11	Henzada	11,661	2,774	2,582	99·55
12	Myaungmya	13,205	2,450	2,421	99·27
13	Maubin	12,314	1,635	568	99·97
14	Pyapôn	13,957	2,506	818	100·00
TENASSERIM DIVISION.					
15	Salween	* 3,390	817	665	96·10
16	Thatôn	21,033	4,568	7,147	95·20
17	Amherst	22,791	5,926	5,098	98·72
18	Tavoy	10,086	8,644	446	98·54
19	Mergui	11,614	9,117	46	98·51
20	Toungoo	14,376	1,794	2,691	99·44

* Secondary operations

† The cost in column 20 includes one-third of the

DEPARTMENT.

of Burma during the year 1935-36 (Paragraphs 59 and 62)—contd.

successful cases in were known.						No.
Re-vaccination.	Persons success- fully vaccinated and re-vaccinated per 1,000 of population.	Total cost of Vaccina- tion Department. †	Number of all successful vaccinations and revaccinations performed by the Vaccination staff only.	Average cost of each successful case performed by the Vaccination staff.		
(18)	(19)	(20)	(21)	(22)		(1)
		Rs. A. P.		Rs. A. P.		
9'38	32'45	11,018 10 3	19,378	0 9 1		1
40'45	76'20	2,273 0 6	1,632	1 6 3		2
35'28	42'38	4,576 15 8	9,157	0 8 0		3
26'87	28'54	2,590 10 3	3,572	0 11 7		4
15'52	53'33	10,394 4 0	24,555	0 6 9		5
42'08	51'75	10,188 12 0	23,517	0 6 11		6
43'71	77'32	15,457 2 9	29,753	0 8 4		7
26'89	64'40	9,065 15 8	18,005	0 8 1		8
27'11	61'17	8,021 7 4	22,050	0 5 10		9
37'08	57'98	13,363 15 5	29,810	0 7 2		10
30'55	50'48	13,803 9 7	28,842	0 7 8		11
22'72	53'05	13,056 12 0	22,275	0 9 5		12
13'92	54'03	10,353 10 0	18,715	0 8 10		13
19'07	99'20	9,001 15 4	30,868	0 4 8		14
29'98	77'41	4,138 7 0	4,117	1 0 1		15
32'90	48'80	9,193 4 6	24,849	0 5 11		16
33'49	61'34	9,857 4 6	27,244	0 5 9		17
89'67	93'54	5,744 9 8	14,120	0 6 6		18
78'81	144'36	3,631 5 10	20,439	0 2 10		19
15'35	50'16	10,159 10 0	19,660	0 8 3		20

included.
pay and allowances of Public Health Inspectors who verified vaccinations.

VACCINATION

STATEMENT NO. I (a).—*Showing particulars of Rural Vaccina*

No.	Divisions and Districts.	Population of districts according to Census of 1931.	Average number of Vaccinators employed throughout the year.	Total number of persons	
				(5)	(6)
	(2)	(3)	(4)	Male.	Female.
MAGWE DIVISION.					
21	Thayetmyo	252,387	7	9,346	10,269
22	Minbu	265,217	5	6,858	7,984
23	Magwe	459,097	7	16,041	17,470
24	Pakôkku	476,066	8	23,636	26,084
25	Chin Hills	171,237	6	18,584	17,453
MANDALAY DIVISION.					
26	Mandalay	196,687	7	11,560	13,367
27	Kyauksè	143,967	4	6,145	7,151
28	Meiktila	301,169	5	14,237	17,947
29	Myingyan	438,982	10	15,586	16,600
30	Yamèthin	358,090	5	11,653	13,886
SAGAING DIVISION.					
31	Bhamo	113,182	4	2,813	3,006
32	Myitkyina	164,196	3	1,979	1,825
33	Shwebo	431,765	11	38,227	49,525
34	Sagaing	316,766	6	11,113	14,738
35	Katha	254,170	6	7,966	8,515
36	Upper Chindwin	202,704	7	6,323	6,354
37	Lower Chindwin	372,634	7	11,641	12,898
	TOTAL OF DISTRICTS	11,671,830	262	5,02,178	5,47,796

* Secondary operations

DEPARTMENT.

tions of Burma during the year 1935-36 (Paragraph 59)—contd.

vaccinated.	Average number of persons vaccinated by each Vaccinator.	Primary Vaccination.					No.
		Total.	Successful			Unknown.	
			Under one year.	One and under six years.	Total of all ages.		
(7)	(8)	(9)	(10)	(11)	(12)	(13)	(1)
Total.							
19,615	2,802	13,591	4,519	7,399	11,918	1,335	21
14,842	2,968	* 10,542	2,704	6,585	9,932	223	22
33,511	4,787	13,755	6,463	6,915	13,378	283	23
49,720	6,215	18,873	6,407	7,587	16,868	736	24
36,037	6,006	* 20,814	698	4,777	15,956	3,540	25
24,927	3,561	* 6,904	1,369	2,106	3,764	2,924	26
13,296	3,324	4,943	2,191	2,458	4,820	113	27
32,184	6,437	9,778	3,253	4,838	8,646	978	28
32,186	3,219	* 19,208	8,315	7,051	16,979	1,843	29
25,539	5,108	15,706	4,766	6,823	13,898	1,493	30
5,819	1,455	3,166	757	1,437	2,434	732	31
3,804	1,268	2,786	101	1,501	2,357	330	32
87,752	7,977	15,840	3,009	8,150	12,038	3,356	33
25,851	4,309	11,428	4,035	6,284	10,639	588	34
16,481	2,747	11,270	1,909	6,975	10,773	433	35
12,677	1,811	8,021	2,643	4,061	7,501	123	36
24,539	3,506	* 14,933	8,023	6,079	14,352	479	37
10,49,974	4,008	* 543,984	137,830	275,636	498,905	34,959	

included.

VACCINATION

STATEMENT NO. I (a).—Showing particulars of Rural Vaccinations

No.	Divisions and Districts.	Re-vaccination.			Percentage of which the results
		Total.	Successful.	Unknown.	Primary.
(1)	(2)	(14)	(15)	(16)	(17)
MAGWE DIVISION.					
21	Thayetmyo	6,024	2,975	907	97·24
22	Minbu	4,799	1,438	394	96·25
23	Magwe	19,756	7,807	844	99·30
24	Pakôkku	30,847	6,086	1,258	93·00
25	Chin Hills	16,153	9,911	465	92·37
MANDALAY DIVISION.					
26	Mandalay	18,098	2,178	9,464	94·57
27	Kyauksè	8,353	2,693	1,752	99·79
28	Meiktila	22,406	5,077	3,695	98·25
29	Myingyan	13,281	2,667	2,304	97·78
30	Yamèthin	9,833	3,867	2,528	97·78
SAGAING DIVISION.					
31	Bhamo	* 2,828	615	2,038	100·00
32	Myitkyina	1,018	452	193	95·97
33	Shwebo	71,912	25,686	21,879	96·43
34	Sagaing	14,423	2,744	3,424	98·15
35	Katha	5,211	1,713	446	99·41
36	Upper Chindwin	4,656	2,621	432	94·97
37	Lower Chindwin	9,623	4,851	1,359	99·29
RURAL TOTAL ...		508,142	153,287	95,112	98·01

* Secondary operations

† The cost in column 20 includes one-third of the

DEPARTMENT.

of Burma during the year 1935-36 (Paragraphs 59 and 62)—concl'd.

successful cases in were known.					
Re-vaccination.	Persons success- fully vaccinated and re-vaccinated per 1,000 of population.	Total cost of Vaccina- tion Department.†	Number of all successful vaccinations and re-vaccinations performed by the Vaccination staff only.	Average cost of each successful case performed by the Vaccination staff.	No.
(18)	(19)	(20)	(21)	(22)	(1)
		Rs. A. P.		Rs. A. P.	
58·14	59·01	6,394 7 8	14,893	0 6 10	21
32·64	42·87	5,363 8 0	11,370	0 7 7	22
41·28	46·14	6,972 2 4	21,185	0 5 3	23
20·57	48·22	10,790 3 6	22,954	0 7 6	24
63·18	151·06	6,745 1 0	25,867	0 4 2	25
25·23	30·21	8,003 9 0	5,942	1 5 7	26
40·80	52·19	5,749 5 0	7,513	0 12 3	27
27·13	45·57	4,477 15 6	13,723	0 5 3	28
24·30	44·75	9,752 14 8	19,646	0 7 11	29
52·94	49·61	7,029 13 0	17,765	0 6 4	30
77·85	26·94	2,628 5 6	3,049	0 13 10	31
54·79	17·11	2,327 14 9	2,809	0 13 3	32
51·34	87·37	15,389 11 0	37,724	0 6 6	33
24·95	42·25	5,356 10 4	13,383	0 6 5	34
35·95	49·12	9,628 9 0	12,486	0 12 4	35
62·05	49·93	10,031 5 6	10,122	0 15 10	36
58·70	51·53	6,365 1 0	19,203	0 5 4	37
37·11	55·88	298,897 15 0	652,192	0 7 4	

included.

and allowances of Public Health Inspectors who verified vaccinations.

VACCINATION

STATEMENT NO. I (b)—Showing particulars of Urban Vaccination (exclu

No.	Divisions and Towns.	Population of towns according to Census of 1931.	Average number of vaccinators employed throughout the year.	Total number of persons	
				(5)	(6)
(1)	(2)	(3)	(4)	Male.	Female.
ARAKAN DIVISION.					
1	Akyab	38,094	2	5,090	592
2	Minbya	2,244	...	110	51
3	Kyaukpyu	4,232	...	115	74
4	Sandoway	4,070	1	301	128
PEGU DIVISION.					
5	Rangoon	398,967	21	50,342	14,960
6	Pegu	21,626	1	2,536	1,264
7	Nyaunglebin	7,790	1	1,562	1,528
8	Tharrawaddy	7,131	...	173	172
9	Thônze	7,962	1	251	226
10	Zigôn	6,365	1	129	107
11	Letpadan	12,160	1	191	197
12	Gyobingauk	7,675	1	1,111	927
13	Minhla	4,413	1	77	85
14	Nattalin	5,633	1	321	311
15	Syriam	15,070	...	5,043	900
16	Thôngwa	8,976	...	188	155
17	Insein	20,487	1	1,580	1,312
18	Thamaing	5,645	1	88	63
19	Kamayut	7,256	1	260	224
20	Thingangyun	7,984	1	183	209
21	Kanbe	6,575	1	269	227
22	Prome	28,295	2	1,818	1,300
23	Shwedaung	8,408	...	169	183
24	Paungdè	13,479	1	395	350
IRRAWADDY DIVISION.					
25	Bassein	45,662	3	1,568	1,317
26	Ngathainggyaung	5,380	...	77	94
27	Kyônpyaw	5,866	1	286	285

DEPARTMENT.

ding jails and ports) of Burma during the year 1935-36. (Paragraph 59.)

vaccinated.	Average number of persons vaccinated by each vaccinator.	Primary Vaccination.				No.
		Total	Successful.			
			Under one year.	One and under six years.	Total of all ages.	
(7)	(8)	(9)	(10)	(11)	(12)	(1)
Total.						
5,682	2,841	909	476	182	764	1
161	...	94	13	52	87	2
189	...	159	69	64	139	3
429	429	105	61	24	97	4
65,302	3,110	* 10,438	6,119	1,102	7,328	5
3,800	3,800	1,939	927	562	1,886	6
3,090	3,090	673	382	183	628	7
345	...	245	56	152	228	8
477	477	304	171	112	304	9
236	236	190	131	44	176	10
388	388	217	158	47	215	11
2,038	2,038	339	151	149	305	12
162	162	140	92	48	140	13
632	632	318	169	144	314	14
5,943	...	486	332	152	484	15
343	...	265	174	43	223	16
2,892	2,892	1,063	609	454	1,063	17
151	} 635	145	128	14	145	18
484		180	155	18	180	19
392	} 888	314	185	111	314	20
496		325	198	103	325	21
3,118	1,559	* 1,211	922	255	1,200	22
352	...	254	211	28	239	23
745	745	717	435	260	703	24
2,885	962	1,459	1,122	151	1,280	25
171	...	161	115	37	152	26
571	571	402	162	221	398	27

operations included.

VACCINATION

STATEMENT NO. I (b)—Showing the particulars of Urban Vaccination (excluding

No.	Divisions and Towns.	Primary Vaccination.		Re-vaccination.	
		Unknown.	Total.	Successful.	Unknown.
(1)	(2)	(13)	(14)	(15)	(16)
ARAKAN DIVISION.					
1	Akyab	138	4,773	1,189	2,318
2	Minbya	7	67	56	11
3	Kyaukpyu	7	30	8	6
4	Sadoway	5	324	78	30
PEGU DIVISION.					
5	Rangoon	2,788	54,873	2,708	41,154
6	Pegu	26	1,861	1,170	168
7	Nyaunglebin	41	2,417	752	204
8	Tharrawaddy	15	100	14	10
9	Thônze ... ..	...	173	22	30
10	Zigôn	14	46	16	5
11	Letpadan ... ..	...	171	32	30
12	Gyobingauk	34	1,699	352	722
13	Minhla ... ..	...	22	6	6
14	Nattalin ... ..	...	314	41	120
15	Syriam ... ..	...	5,457	521	103
16	Thôngwa	34	78	8	58
17	Insein ... ..	...	1,829	442	180
18	Thamaing ... ..	...	6	4	...
19	Kamayut ... ..	...	304	84	...
20	Thingangyun ... ..	...	78	31	...
21	Kanbe ... ..	...	171	48	...
22	Prome ... ..	...	1,919	1,051	100
23	Shwedaung	3	98	32	7
24	Paungdè	198	28	9	10
IRRAWADDY DIVISION.					
25	Bassein	179	1,426	429	343
26	Ngathainggyaung	5	10	6	1
27	Kyônpyaw	3	169	59	57

* Secondary opera

† The cost in column 20 includes one-third of the

DEPARTMENT.

jails and ports) of Burma during the year 1935-36. (Paragraphs 59 and 62.)

Percentage of successful cases in which the results were known.		Persons successfully vaccinated per 1,000 of population.	Total cost of vaccination Department. †	Number of all successful vaccinations and re-vaccinations performed by the vaccination staff only.	Average cost of each successful case performed by the vaccination staff.	No.
Primary.	Re-vaccination.					
(17)	(18)	(19)	(20)	(21)	(22)	(1)
			Rs. A. P.		Rs. A. P.	
99·09	48·43	51·27	2,049 14 0	1,953	1 0 10	1
100·00	100·00	63·73	127 13 0	143	0 14 4	2
91·45	33·33	34·74	212 0 0	147	1 7 1	3
97·00	26·53	43·00	288 6 11	175	1 10 4	4
95·79	19·74	25·15	35,615 2 0	10,036	3 8 9	5
98·59	69·11	141·31	618 6 0	3,056	0 3 3	6
99·37	33·98	177·15	795 7 0	1,380	0 9 3	7
99·13	15·56	33·94	277 13 0	242	1 2 4	8
100·00	15·38	40·94	597 0 0	326	1 13 4	9
100·00	39·02	30·16	500 0 0	192	2 9 8	10
99·08	22·70	20·31	794 1 0	247	3 3 5	11
100·00	36·03	85·60	565 13 0	657	0 13 9	12
100·00	37·50	33·08	543 9 6	146	3 11 7	13
98·74	21·13	63·02	678 10 0	355	1 14 7	14
99·59	9·73	66·69	165 0 0	1,005	0 2 8	15
96·54	40·00	25·74	130 0 0	231	0 9 0	16
100·00	26·80	73·46	1,383 3 0	1,505	0 14 8	17
100·00	66·67	26·40	655 12 6	149	4 6 5	18
100·00	27·63	36·38	643 8 6	264	2 7 0	19
100·00	39·74	43·21	630 0 4	345	1 13 3	20
100·00	28·07	56·73	638 2 4	373	1 11 4	21
99·09	57·78	79·55	1,734 7 4	2,251	0 12 4	22
95·22	35·16	32·23	282 4 0	271	1 0 8	23
99·15	50·00	52·82	863 2 4	712	1 3 5	24
100·00	39·61	37·43	1,850 6 0	1,709	1 1 4	25
97·44	66·67	29·37	266 11 0	158	1 11 0	26
99·75	52·68	77·91	845 6 0	457	1 13 7	27

tions included.

pay and allowances of Public Health Inspectors who verified vaccinations.

VACCINATION

STATEMENT NO. I (b)—Showing the particulars of Urban Vaccination (excluding

No.	Divisions and Towns.	Population of towns according to Census of 1931.	Average number of vaccinators employed throughout the year.	Total number of persons	
				(5)	(6)
(1)	(2)	(3)	(4)	Male.	Female.
IRRAWADDY DIVISION— <i>concl'd.</i>					
28	Henzada	28,542	1	1,884	1,536
29	Myanaung	9,072	1	1,024	1,009
30	Kyangin	6,780	1	265	296
31	Myaungmya	7,773	1	538	531
32	Wakèma	9,359	1	283	213
33	Moulmeingyun	7,747	1	1,647	1,410
34	Maubin	8,897	1	463	475
35	Yandoon	9,925	1	424	316
36	Danubyu	6,334	1	548	446
37	Pyapôn	12,338	1	822	716
38	Kyaiklat	10,658	1	453	339
TENASSERIM DIVISION.					
39	Thatôn	16,851	1	1,991	1,223
40	Kyaikto	6,611	...	528	222
41	Moulmein	65,506	3	23,425	15,524
42	Kawkareik	6,575	...	104	112
43	Tavoy	29,018	2	554	562
44	Mergui	20,405	1	2,131	1,138
45	Toungoo	23,223	1	7,008	4,419
46	Shwegyin	5,876	1	777	722
47	Pyu	7,807	1	314	384
MAGWE DIVISION.					
48	Thayetmyo	9,279	1	262	228
49	Allanmyo	12,511	1	789	629
50	Minbu	6,005	1	351	198
51	Salin	6,654	...	288	301
52	Magwe	8,209	1	480	239

* Secondary

† The cost of column 20 includes one-third of the pay and allowances

DEPARTMENT.

jails and ports) of Burma during the year 1935-36. (Paragraph 59.)

vaccinated. (7)	Average number of persons vaccinated by each vaccinator. (8)	Primary Vaccination.				No. (1)
		Total. (9)	Successful.			
			Under one year. (10)	One and under six years. (11)	Total of all ages. (12)	
Total.						
3,420	3,420	734	712	22	734	28
2,033	2,033	295	224	65	295	29
561	561	402	175	209	384	30
1,069	1,069	493	184	212	493	31
496	496	279	108	148	268	32
3,057	3,057	553	208	284	532	33
938	938	459	340	117	459	34
740	740	379	251	80	379	35
994	994	450	244	163	450	36
1,538	1,538	873	402	458	870	37
792	792	394	207	147	383	38
3,214	3,214	607	408	110	551	39
750	...	243	105	129	243	40
38,949	12,983	2,011	1,874	36	1,948	41
216	...	216	140	42	183	42
1,116	558	1,026	908	89	997	43
3,269	3,269	993	566	378	966	44
11,427	11,427	1,619	646	535	1,589	45
1,449	149	330	113	138	330	46
698	698	372	105	194	348	47
490	490	358	275	44	325	48
1,418	1,418	625	298	300	598	49
549	549	370	185	119	304	50
589	...	222	140	82	222	51
719	719	283	160	102	262	52

operations included.
of Public Health Inspectors who verified vaccinations.

VACCINATION

STATEMENT NO. I (b)—Showing the particulars of Urban Vaccination (excluding

No.	Divisions and Towns.	Primary Vaccination.		Re-vaccination.	
		Unknown.	Total.	Successful.	Unknown.
(1)	(2)	(13)	(14)	(15)	(16)
IRRAWADDY DIVISION—concl'd.					
28	Henzada ... ..	...	2,686	54	...
29	Myanaung ... ..	...	1,738	444	42
30	Kyangin	18	159	102	3
31	Myaungmya ... ..	...	576	124	18
32	Wakèma	11	217	10	66
33	Moulmeingyun	21	2,504	899	187
34	Maubin ... ..	...	479	65	...
35	Yandoon ... ..	...	361	56	...
36	Danubyu ... ..	...	544	71	...
37	Pyapôn	3	665	126	95
38	Kyaiklat	11	398	84	42
TENASSERIM DIVISION.					
39	Thatôn	54	2,607	571	1,534
40	Kyaikto ... ..	...	507	295	4
41	Moulmein	33	36,950	26,032	3,226
42	Kawkareik	21	...	...	...
43	Tavoy ... ..	...	90	59	6
44	Mergui	16	2,276	1,188	41
45	Toungoo	21	9,808	3,259	242
46	Shwegyin ... ..	...	1,169	131	...
47	Pyu	9	326	102	17
MAGWE DIVISION.					
48	Thayetmyo	30	132	96	6
49	Allanmyo	21	793	60	21
50	Minbu	2	179	108	10
51	Salin ... ..	...	367	126	...
52	Magwe	20	436	61	94

* Secondary operations

† The cost in column 20 includes one-third of

DEPARTMENT.

jails and ports) of Burma during the year 1935-36. (Paragraphs 59 and 62.)

Percentage of successful cases in which the results were known.		Persons successfully vaccinated per 1,000 of population.	Total cost of Vaccination Department.			Number of all successful vaccinations and re-vaccinations performed by the vaccination staff only.	Average cost of each successful case performed by the vaccination staff.			No.
Primary.	Re-vaccination.		Rs.	A.	P.		Rs.	A.	P.	
(17)	(18)	(19)	(20)			(21)	(22)			(1)
100'00	2'01	27'61	808	14	0	788	1	0	5	28
100'00	26'18	81'46	712	6	0	739	0	15	5	29
100'00	65'38	71'68	545	5	0	486	1	1	11	30
100'00	22'22	79'38	1,193	14	0	617	1	15	0	31
100'00	6'62	29'70	691	2	0	278	2	7	9	32
100'00	38'80	184'72	696	10	0	1,431	0	7	9	33
100'00	13'57	58'90	795	13	0	524	1	8	4	34
100'00	15'51	43'83	548	6	0	435	1	4	2	35
100'00	13'05	82'25	630	2	0	521	1	3	4	36
100'00	22'11	80'73	643	6	0	996	0	10	4	37
100'00	23'60	43'82	553	8	0	467	1	3	0	38
99'64	53'22	66'58	1,227	6	0	1,122	1	1	6	39
100'00	58'65	81'38	178	5	0	538	0	5	4	40
98'48	77'19	427'14	6,479	1	0	27,980	0	3	8	41
93'85	...	27'83	131	4	0	183	0	11	6	42
97'17	70'24	36'39	1,363	8	0	1,056	1	4	8	43
98'87	53'15	105'56	1,405	7	6	2,154	0	10	5	44
99'44	34'07	208'76	1,376	3	0	4,848	0	4	7	45
100'00	11'21	78'45	409	7	0	461	0	14	3	46
95'87	33'01	57'64	638	4	0	450	1	6	8	47
99'09	76'19	45'37	483	2	0	421	1	2	4	48
99'01	7'77	52'59	692	3	0	658	1	0	10	49
82'61	63'91	68'61	1,004	9	6	412	2	7	0	50
100'00	34'33	52'30	558	2	0	348	1	9	8	51
99'62	17'84	39'35	516	3	6	323	1	9	7	52

included.
pay and allowances of Public Health Inspectors who verified vaccinations.

VACCINATION

STATEMENT NO. I (b)—Showing particulars of Urban Vaccination

No.	Divisions and Towns.	Population of towns according to Census of 1931.	Average number of vaccinators employed throughout the year.	Total number of persons	
				(5)	(6)
(1)	(2)	(3)	(4)	Male.	Female.
MAGWE DIVISION—concl'd.					
53	Taungdwingyi ...	8,339	1	1,480	1,604
54	Yenangyaung ...	11,098	1	309	268
55	Chauk ...	12,830	1	634	831
56	Pakôkku ...	23,115	1	1,711	1,297
MANDALAY DIVISION.					
57	Mandalay ...	134,950	4	25,446	25,475
58	Maymyo ...	16,586	1	1,276	979
59	Myitngè ...	5,682	...	189	85
60	Kyauksè ...	7,353	1	349	347
61	Meiktila ...	8,830	1	386	233
62	Myingyan ...	25,457	1	455	406
63	Nyaung-U ...	8,118	1	274	261
64	Yamèthin ...	9,291	1	395	352
65	Pyinmana ...	17,656	1	483	470
66	Pyawbwè ...	5,783	...	227	197
SAGAING DIVISION.					
67	Bhamo ...	8,011	1	463	310
68	Myitkyina ...	7,328	1	415	273
69	Shwebo ...	11,286	1	3,341	3,267
70	Ye-U ...	3,739	...	853	695
71	Sagaing ...	14,127	...	581	528
72	Myinmu ...	5,072	1	378	342
73	Mawlaik ...	2,278	...	152	73
74	Mônywa ...	10,800	1	496	368
Total of Towns ...		1,407,129	87	161,879	99,090

DEPARTMENT.

(excluding Jails and Ports) of Burma during the year 1935-36. (Paragraph 59.)

vaccinated.	Average number of persons vaccinated by each vaccinator.	Primary Vaccination.				No.
		Total.	Successful.			
			Under one year.	One and under six years.	Total of all ages.	
(7)	(8)	(9)	(10)	(11)	(12)	(1)
Total.						
3,084	3,084	827	410	337	747	53
577	577	490	343	140	483	54
1,465	1,465	451	210	220	430	55
3,008	3,008	769	462	132	712	56
50,921	12,730	* 7,525	6,434	872	7,363	57
2,255	2,255	* 623	508	39	557	58
274	...	122	122	...	122	59
696	696	287	279	8	287	60
619	619	256	185	71	256	61
861	861	* 644	441	98	539	62
535	535	255	154	93	247	63
747	747	403	291	79	377	64
953	953	766	564	155	724	65
424	...	225	132	66	204	66
773	773	299	98	201	299	67
688	688	188	107	52	188	68
6,608	6,608	509	408	73	492	69
1,548	...	202	133	52	202	70
1,109	...	277	245	31	276	71
720	720	225	203	21	224	72
225	...	136	71	47	120	73
864	864	405	321	50	378	74
260,969	3,000	* 53,532	34,822	11,752	48,657	

operartiqns included.

VACCINATION

STATEMENT NO. I (b)—Showing particulars of Urban Vaccination (excluding

No.	Divisions and Towns.	Primary Vaccination.		Re-vaccination.	
		Unknown.	Total.	Successful.	Unknown.
(1)	(2)	(13)	(14)	(15)	(16)
MAGWE DIVISION—concl'd.					
53	Taungdwingyi	79	2,257	396	67
54	Yenangyaung	5	87	13	15
55	Chauk	13	1,014	135	101
56	Pakôkku	28	2,239	256	267
MANDALAY DIVISION.					
57	Mandalay ... ..	...	43,477	11,098	544
58	Maymyo	58	1,639	198	919
59	Myitngè ... ..	...	152	10	12
60	Kyauksè ... ..	...	409	77	80
61	Meiktila ... ..	...	363	54	43
62	Myingyan	82	230	8	168
63	Nyaung-U	8	280	74	206
64	Yamèthin	19	344	111	108
65	Pyinmana	34	177	66	47
66	Pyawbwe	17	199	50	54
SAGAING DIVISION.					
67	Bhamo ... ..	...	* 479	98	376
68	Myitkyina ... ..	...	500	68	158
69	Shwebo	11	6,099	2,353	1,030
70	Ye-U ... ..	...	1,346	133	349
71	Sagaing ... ..	...	832	304	44
72	Myinmu ... ..	...	495	235	74
73	Mawlaik	6	89	30	15
74	Mônywa	22	459	108	115
Total of Towns ...		3,980	*207,576	59,166	56,119

* Secondary

† The cost in column 20 includes one-third of

DEPARTMENT.

Jails and Ports) of Burma during the year 1935-36. (Paragraphs 59 and 62.)

Percentage of successful cases in which the results were known.		Persons successfully vaccinated per 1,000 of population.	Total cost of Vaccination Department. †	Number of all successful vaccinations and re-vaccinations performed by the Vaccination staff only.	Average cost of each successful case performed by the Vaccination staff.	No.				
Primary.	Re-vaccination.									
(17)	(18)	(19)	(20)	(21)	(22)	(1)				
		Rs. A. P.			Rs. A. P.					
99·87	18·08	137·07	604	0	6	1,143	0	8	5	53
99·59	18·06	44·69	811	7	0	496	1	10	2	54
98·17	14·79	44·04	544	9	9	565	0	15	5	55
96·09	12·98	41·88	868	3	0	968	0	14	4	56
97·85	25·85	136·80	6,028	11	9	18,461	0	5	3	57
98·58	27·50	45·52	2,615	10	0	755	3	7	5	58
100·00	7·14	23·23	120	0	0	132	0	14	7	59
100·00	23·40	49·50	390	5	0	364	1	1	2	60
100·00	16·88	35·11	793	6	0	310	2	8	11	61
95·91	12·90	21·49	678	8	0	547	1	3	10	62
100·00	100·00	39·54	695	14	0	321	2	2	8	63
98·18	47·03	52·52	419	12	0	488	0	13	9	64
97·57	50·77	44·74	742	14	9	790	0	15	1	65
98·08	34·48	43·92	498	0	0	254	1	15	4	66
100·00	95·15	49·56	559	8	0	397	1	6	7	67
100·00	19·88	34·93	423	2	6	256	1	10	5	68
98·80	46·42	252·08	987	2	0	2,845	0	5	7	69
100·00	13·34	89·60	68	0	0	335	0	3	3	70
99·64	38·58	41·06	503	14	0	580	0	13	11	71
99·56	55·82	90·50	336	14	0	459	0	11	9	72
92·31	40·54	65·85	84	0	0	150	0	9	0	73
98·69	31·40	45·00	607	8	0	486	1	4	0	74
98·19	39·06	76·63	97,415	12	6	107,823	0	14	5	

operations included.
the pay and allowances of Public Health Inspectors who verified vaccinations.

VACCINATION

STATEMENT NO. I (c)—Showing particulars of Vaccinations in different

No.	Areas.	Population according to Census of 1931.	Average number of vaccinators employed throughout the year.	Total number of persons	
				(5)	(6)
(1)	(2)	(3)	(4)	(5)	(6)
MILITARY CANTONMENTS.				Male.	Female.
1	Rangoon ...	1,448	...	108	11
2	Mingaladon ...	3,910	...	571	64
3	Mandalay ...	12,982	...	274	282
4	Maymyo ...	4,749	...	114	134
	Total of Cantonments ...	23,089	1	1,067	491
	Total of cases vaccinated by Railway Dispensary Staff.	...	...	2,802	800
	Total of cases vaccinated by other Dispensary Staff.	...	...	1,590	934
	Total of cases vaccinated by Private Medical Practitioners.	...	...	968	381
	Cost of Vaccine Depot, Meiktila	...	...	...	...
	Cost incurred in the Office of the D.P.H., Burma.	...	...	...	...
	Total of Districts ...	11,671,830	262	502,178	547,796
	Total of Towns ...	1,407,129	87	161,879	99,090
	GRAND TOTAL, BURMA ...	13,102,048	350	670,484	649,492
FEDERATED SHAN STATES.					
(a) Districts excluding Towns.					
1	Northern Shan States ...	631,469	21	17,100	16,519
2	Southern Shan States ...	916,718	20	21,270	20,315
	Total of Districts ...	1,548,187	41	38,370	36,834
(b) Towns.					
1	Lashio ...	4,638	...	2,113	807
2	Taunggyi ...	8,652	1	626	441
3	Kalaw ...	3,621	...	354	164
	Total of Towns ...	16,911	1	3,093	1,412
	Vaccination by Civil Dispensary Staff.	...	...	4,879	788
	GRAND TOTAL, SHAN STATES	1,565,098	42	46,342	39,034

* Secondary

DEPARTMENT.

areas of Burma and States during the year 1935-36. (Paragraph 59.)

vaccinated.	Average number of persons vaccinated by each vaccinator.	Primary Vaccination.				No.
		Total.	Successful.			
			Under one year.	One and under six years.	Total of all ages.	
(7)	(8)	(9)	(10)	(11)	(12)	(1)
Total.						
119	...	11	11	...	11	1
635	...	61	30	31	61	2
556	556	483	285	191	483	3
248	...	142	30	59	129	4
1,558	1,558	697	356	281	684	
3,602	...	661	222	385	613	
2,524	...	1,403	112	333	497	
1,349	...	198	102	32	184	
...	
...	
1,049,974	4,008	* 543,984	137,830	275,636	498,905	
260,969	3,000	* 53,532	34,822	11,752	48,657	
1,319,976	3,750	* 600,475	173,444	288,419	549,540	
33,619	1,601	23,234	2,407	11,251	22,470	1
41,585	2,079	31,243	1,052	16,054	28,383	2
75,204	1,834	54,477	3,459	27,305	50,853	
2,920	...	330	63	141	298	1
1,067	1,067	382	159	187	369	2
518	...	70	43	24	69	3
4,505	4,505	782	265	352	736	
5,667	...	817	60	166	259	
85,376	1,898	56,076	3,784	27,823	51,848	

operations included.

VACCINATION

STATEMENT NO. I (c)—Showing particulars of Vaccinations in different

No.	Areas.	Primary Vaccination.	Re-vaccination.		
		Unknown.	Total.	Successful.	Unknown.
(1)	(2)	(13)	(14)	(15)	(16)
MILITARY CANTONMENTS.					
1	Rangoon ...	...	108	89	10
2	Mingaladon ...	...	574	127	43
3	Mandalay ...	...	73	20	...
4	Maymyo ...	...	106	57	...
	Total of Cantonments ...	...	861	293	53
	Total of cases vaccinated by Railway Dispensary Staff.	45	2,941	1,361	521
	Total of cases vaccinated by other Dispensary Staff.	886	1,121	184	608
	Total of cases vaccinated by Private Medical Practitioners.	12	1,151	248	500
	Cost of Vaccine Depôt, Meiktila	...	...	...	...
	Cost incurred in the Office of the D.P.H., Burma.	...	...	...	...
	Total of Districts ...	34,959	* 508,142	153,287	95,112
	Total of Towns ...	3,980	† 207,576	59,166	56,119
	GRAND TOTAL, BURMA ...	39,882	*721,792	214,539	152,913
FEDERATED SHAN STATES.					
<i>(a) Districts excluding Towns.</i>					
1	Northern Shan States ...	399	10,385	7,376	645
2	Southern Shan States ...	1,403	10,342	2,601	6,833
	Total of Districts ...	1,802	20,727	9,977	7,478
<i>(b) Towns.</i>					
1	Lashio ...	7	2,590	1,274	38
2	Taunggyi ...	13	685	132	326
3	Kalaw ...	1	448	170	31
	Total of Towns ...	21	3,723	1,576	395
	Vaccination by Civil Dispensary Staff.	558	4,850	508	4,274
	GRAND TOTAL, SHAN STATES	2,381	29,300	12,061	12,147

* Secondary

† The cost in column 20 includes one-third of the

DEPARTMENT.

areas of Burma and States during the year 1935-36. (Paragraphs 59 and 62.)

Percentage of successful cases in which the results were known.		Persons successfully vaccinated and re-vaccinated per 1,000 of population.	Total cost of Vaccination Department. †	Number of all successful vaccinations and revaccinations performed by the Vaccination staff only.	Average cost of each successful case performed by the Vaccination staff.	No.
Primary.	Re-vaccination.					
(17)	(18)	(19)	(20)	(21)	(22)	(1)
		Rs. A. P.		Rs. A. P.		
100·00	90·82	69·06	120 0 0	100	1 3 2	1
100·00	23·92	48·08	...	188	...	2
100·00	27·40	38·75	332 8 0	503	0 10 7	3
90·85	53·77	39·17	33 0 0	186	0 2 10	4
98·13	36·26	42·31	485 8 0	977	0 7 11	
99·51	56·24	...	...	...	...
96·13	35·87	...	...	...	...
98·92	38·10	...	...	...	...
...	...	...	31,592 8 6	...	...
...	...	...	886 7 0	...	...
98·01	37·11	55·88	2,98,897 15 0	652,192	0 7 4	
98·19	39·06	76·63	97,415 12 6	107,823	0 14 5	
98·03	37·71	58·32	4,29,278 3 0	760,992	0 9 0	
98·40	75·73	47·26	14,939 10 3	29,846	0 8 0	1
95·12	74·12	33·80	16,859 1 1	30,984	0 8 8	2
96·54	75·30	39·29	31,798 11 4	60,830	0 8 4	
92·26	49·92	338·94	451 13 0	1,572	0 4 7	1
100·00	36·77	57·91	419 1 0	501	0 13 5	2
100·00	40·77	66·00	149 12 0	239	0 10 0	3
96·71	47·36	136·72	1,020 10 0	2,312	0 7 1	
100·00	88·19	...	...	...	...
96·56	70·31	40·83	32,819 5 4	63,142	0 8 4	

operations included.

pay and allowances of Public Health Inspectors who verified vaccinations.

VACCINATION SUMMARY

(1)	Total number of persons vaccinated.		Total number of operations performed.		Percentage of successful cases in which results were known.	
	Primary. (2)	Re-vaccination. (3)	Primary. (4)	Re-vaccination. (5)	Primary. (6)	Re-vaccination. (7)
<i>Vaccination.</i>						
1. By Special Staff—						
(a) Districts (excluding towns).	542,115	507,859	543,984	508,142	98·01	37·11
(b) Towns ...	53,398	207,571	53,532	207,576	98·19	39·06
Total ...	595,513	715,430	597,516	715,718	98·03	37·64
2. By Railway Dispensary Staff						
	661	2,941	661	2,941	99·51	56·24
3. By Government Dispensary Staff						
	1,403	1,121	1,403	1,121	96·13	35·87
4. By Private Medical Practitioners, Licensed Vaccinators, etc.						
	198	1,151	198	1,151	98·92	38·10
5. By Cantonment Staff ...						
	697	861	697	861	98·13	36·26
6. Cost of Vaccine Depôt, Meiktila						

7. Cost incurred in the office of Director of Public Health, Burma.						

GRAND TOTAL, BURMA ...						
	598,472	721,504	600,475	721,792	98·03	37·71
Shan States ...						
	55,259	24,450	55,259	24,450	96·54	69·69
By Civil Dispensary Staff ...						
	817	4,850	817	4,850	100·00	88·19
Shan States, Total ...						
	56,076	29,300	56,076	29,300	96·56	70·31

DEPARTMENT.

(Paragraphs 59 and 62).

Average number of person vaccinated by each vaccinator.		Number of children successfully vaccinated.		Ratio of successful vaccination per 1,000. population.	Total cost of Department.	Number of all successful vaccinations performed.	Average cost of each successful case.
Vaccinators employed. (8)	Persons vaccinated by each vaccinator. (9)	Under one year. (10)	One year and under six years. (11)					(12)	(13)	(14)	(15)
					Rs. A. P.		Rs. A. P.
262	4,008	137,830	275,636	55.88	2,98,897 15 0	6,52,192	0 7 4
87	3,000	34,822	11,752	76.63	97,415 12 6	1,07,823	0 14 5
349	3,756	172,652	287,388	58.11	3,96,313 11 6	7,60,015	0 8 4
...	...	222	385	...	...	...	...
...	...	112	333	...	...	...	...
...	...	102	32	...	...	...	...
1	1,558	356	281	42.31	485 8 0	977	0 7 11
...	...	...	...	...	31,592 8 6	...	...
...	...	...	...	...	886 7 0	...	...
350	3,750	173,444	288,419	58.32	4,29,278 3 0	7,60,992	0 9 0
42	1,898	3,724	27,657	40.34	32,819 5 4	63,142	0 8 4
...	...	60	166	...	...	...	...
42	1,898	3,784	27,823	40.83	32,819 5 4	63,142	0 8 4

VACCINATION

COMPARATIVE STATEMENT NO. II—*Showing the number of persons vaccinated in the Province of Burma in*

Establishments.	Persons prima									
	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.
	1926-27.		1927-28.		1928-29.		1929-30.		1930-31.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Government.	5,141	3,745	7,770	5,922	10,137	8,478	10,972	7,444	9,581	7,766
Municipal	45,208	41,841	47,479	42,732	51,565	47,819	49,272	45,680	48,013	44,130
Local Funds.	419,711	387,665	432,745	380,584	473,466	440,571	504,704	469,318	492,893	458,389
Dispensary	3,574	1,890	6,368	2,157	7,105	2,532	4,863	1,819	3,810	546
Private Medical Practitioners.	280	253	253	229	372	356	665	371	220	200
Total ...	473,914	435,394	494,615	431,624	542,645	499,756	570,476	524,632	554,517	511,031
Federated Shan States.	39,998	38,864	60,034	52,837	71,051	57,133	57,508	50,481	59,680	53,997

DEPARTMENT.

primarily vaccinated and the number of those persons who were successfully each of the undermentioned official years.

rily Vaccinated.										Establishments.
Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	Total number.	Number successfully vaccinated.	
1931-32.		1932-33.		1933-34.		1934-35.		1935-36.		(12)
(7)		(8)		(9)		(10)		(11)		
9,335	7,566	12,707	8,769	12,912	9,950	37,308	26,523	22,799	18,439	Government.
57,174	52,211	59,848	54,675	60,027	56,010	55,986	52,335	53,398	48,657	Municipal.
469,598	436,335	557,582	507,654	556,858	499,306	523,635	474,423	520,013	481,150	Local Funds.
2,660	1,200	2,020	420	2,838	906	1,477	557	2,064	1,110	Dispensary.
736	711	3,535	1,150	217	181	1,369	1,107	198	184	Private Medical Practitioners.
539,503	498,023	635,692	572,668	632,852	566,353	619,775	554,945	598,472	549,540	Total.
65,080	58,775	87,668	70,225	70,834	60,740	58,025	48,504	56,076	51,848	Federated Shan States.

VACCINATION

STATEMENT NO. III.—*Showing receipts of the*

Item No.	Particulars.	April.		May.		June.		July.		August.	
(1)	(2)	(3)		(4)		(5)		(6)		(7)	
		Rs.	A. P.	Rs.	A. P.	Rs.	A. P.	Rs.	A. P.	Rs.	A. P.
1	<i>Sale Proceeds of Vaccine Lymph—</i>										
	(a) Received at other Treasuries	3,906	2 0	1,579	5 0	12,606	9 0	4,038	10 0	3,686	12 0
	(b) Credited in cash at Meiktila by the Vaccine Depôt.	26	8 0	6	10 0	32	8 0	42	8 0	2	2 0
2	<i>Miscellaneous—</i>										
	(a) Sale of Vaccinated calves	...		...		...		...		...
	(b) Sale of Rabbits	...		3	0 0	...		...		...
	(c) Miscellaneous	...		...		...		42	6 0	...	
3	Value of Vaccine lymph supplied free to Government Institutions.	195	13 0	230	5 0	230	3 0	216	4 0	241	8 0
		861	11 ..								
	Total	4,128	7 0	1,819	4 0	12,869	4 0	4,339	2 0	3,930	6 0

DEPARTMENT.

Vaccine Depôt Meiktila, during the year 1935-36. (Paragraph 61.)

September.	October.	November.	December.	January.	February.	March.	Total.	Item No.
(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(1)
s. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	
4,414 8 0	2,182 10 0	2,240 1 0	3,825 12 0	4,564 12 0	2,556 4 0	10,052 9 0	55,653 14 0	1
19 9 0	53 10 0	0	130 4 0	115 0 0	1 4 0	18 15 0	551 14 0	
...	...	...	...	...	...	...	...	2
...	...	...	...	...	...	...	3 0 0	
...	...	...	...	...	...	...	42 6 0	
171 13 0	216 3 0	229 12 0	231 7 0	221 5 0	249 13 0	204 1 0	2,638 7 0	3
4,605 14 0	2,452 7 0	2,572 13 0	4,187 7 0	4,901 1 0	2,807 5 0	10,275 9 0	58,889 9 0	

VACCINATION

STATEMENT NO. IV.—Showing expenditure of the

Item No.	Particulars.	April.		May.		June.		July.		August.	
		Rs.	A. P.	Rs.	A. P.	Rs.	A. P.	Rs.	A. P.	Rs.	A. P.
1	Pay of Officer—Director ...	1,064	0 0	1,120	0 0	1,120	0 0	1,120	0 0	1,120	0 0
2	<i>Pay of Establishment—</i>										
	(a) Assistant Director ...	162	13 0	162	8 0	162	8 0	162	8 0	162	8 0
	(b) Clerks ...	167	4 0	177	13 0	201	2 0	220	5 0	197	0 0
	(c) Head Loader ...	24	0 0	24	0 0	24	0 0	24	0 0	27	0 0
	(d) Laboratory attendant and media maker.	35	0 0	35	0 0	35	0 0	35	0 0	35	0 0
3	(a) Allowances of Director and Assistant Director.	115	0 0	115	0 0	115	0 0	115	0 0	115	0 0
	(b) Allowances, Honoraria, etc., Fluctuating—Travelling Allowance.	...		...		...		...		...
4	<i>Supplies and Services—</i>										
	(a) Hire or purchase of calves for lymph.	...		...		65	0 0	203	8 0	65	0 0
	(b) Medicines and instruments ...	...		326	1 0	1	10 6	22	12 6	0	3 6
	(c) Feeding charges ...	27	8 3	34	6 6	45	7 0	41	4 3	44	13 3
	(d) Unclassified (Customs duty)	66	2 0	...		...		6	4 0	18	13 0
	(e) Pay of inferior servants ...	162	11 0	165	0 0	203	0 0	208	8 0	216	3 9
	(f) Books, Maps and Publications	...		...		...		...		7	12 0
5	<i>Contingencies—</i>										
	(a) Service postage and telegrams	129	15 6	65	2 0	80	2 9	80	1 9	80	0 9
	(b) Rents, rates and taxes ...	...		...		...		...		...
	(c) Furniture, apparatus and office requisites.	..		...		32	0 0	...		...
	(d) Transport ...	25	11 0	8	2 0	12	9 0	20	15 0	3	4 0
	(e) Unclassified :—										
	(1) Purchase and repair of tools and plant.	...		...		...		...		...
	(2) Other office expenses and miscellaneous.	116	6 3	93	10 0	292	3 0	370	0 3	43	10 0
	(f) Pay of inferior servants ...	65	0 0	65	0 0	65	6 9	81	0 0	80	12 0
	(g) Petty construction and repairs	55	0 0	...		...		...		...
	(h) Newspapers and periodicals	0	14 0	...		...		13	1 0	...	
	Total ...	2,217	5 0	2,391	10 6	2,455	1 0	2,724	3 9	2,217	0

DEPARTMENT.

Vaccine Depot, Meiktila for the year 1935-36. (Paragraph 61.)

September.			October.			November.			December.			January.			February.			March.			Total.			Item No.
(8)			(9)			(10)			(11)			(12)			(13)			(14)			(15)			(1)
Rs.	A.	P.	Rs.	A.	P.	Rs.	A.	P.	Rs.	A.	P.	Rs.	A.	P.	Rs.	A.	P.	Rs.	A.	P.	Rs.	A.	P.	
1,120	0	0	1,120	0	0	1,120	0	0	1,120	0	0	1,120	0	0	1,120	0	0	1,096	14	0	13,360	14	0	1
162	8	0	162	8	0	162	8	0	162	8	0	162	8	0	162	8	0	162	8	0	1,950	5	0	2
177	13	0	177	13	0	179	13	0	155	13	0	151	0	0	151	0	0	151	0	0	2,107	12	0	
29	0	0	29	0	0	29	0	0	29	0	0	29	0	0	29	0	0	29	0	0	326	0	0	
35	0	0	35	0	0	35	0	0	35	0	0	35	0	0	35	0	0	35	0	0	420	0	0	
115	0	0	115	0	0	115	0	0	115	0	0	115	0	0	115	0	0	115	0	0	1,380	0	0	3
125	8	0	...			210	8	0	...			...			...			...			336	0	0	
243	0	0	48	0	0	178	0	0	...			178	0	0	144	0	0	17	0	0	1,141	8	0	4
...			35	9	0	0	3	6	0	1	6	217	7	0	962	4	0	944	7	0	2,510	11	6	
39	15	9	35	4	0	38	14	0	24	15	0	86	12	3	25	15	6	33	15	3	479	3	0	
9	9	0	...			...			9	11	0	217	3	0	...			266	13	0	594	7	0	
149	10	3	180	13	0	180	0	0	182	0	0	179	0	0	185	0	0	189	15	6	2,201	13	6	
...			...			6	12	0	...			...			...			...			14	8	0	
80	0	0	80	1	6	85	3	0	100	2	3	105	0	3	95	1	9	118	1	3	1,099	0	9	5
...			...			...			...			...			273	7	0	...			273	7	0	
...			...			...			...			...			...			48	0	0	80	0	0	
17	2	0	14	4	0	11	4	0	10	0	0	24	9	0	8	1	0	9	8	0	165	5	0	
...					
150	13	3	120	10	3	172	7	6	78	8	0	166	14	9	131	14	6	108	11	3	1,845	13	0	
81	0	0	63	0	0	63	0	0	63	0	0	63	0	0	63	0	0	66	0	0	819	2	9	
...			323	11	0	85	0	0	...			...			1	15	0	...			465	10	0	
...			...			7	1	0	...			...			...			...			21	0	0	
2,535	15	3	2,540	9	9	2,679	10	0	2,085	10	9	2,850	6	3	3,503	2	9	3,391	13	3	31,592	8	6	

VACCINATION DEPARTMENT.

APPENDIX A.—Statement showing the ratio per 10,000 successfully vaccinated and the mortality from Small-pox by quinquennial periods.

Official Year. (1)	Ratio per 10,000 successfully vaccinated. (2)	Quinquennial mean. (3)	Calendar Year. (4)	Ratio per 10,000 of mortality from small-pox. (5)	Quinquennial mean. (6)
BURMA.					
1920-21	476.39	}	1920	2.90	}
1921-22	432.76		1921	0.92	
1922-23	455.54	} 464.87	1922	1.34	} 2.00
1923-24	475.39		1923	2.63	
1924-25	485.25	}	1924	2.31	}
1925-26	479.86		1925	3.56	
1926-27	420.72	} 476.21	1926	2.16	} 2.32
1927-28	454.15		1927	1.57	
1928-29	505.39	}	1928	2.61	}
1929-30	520.93		1929	1.70	
1930-31	495.10	}	1930	0.85	}
1931-32	441.96		1931	0.40	
1932-33	539.16	} 515.43	1932	2.05	} 1.18
1933-34	542.19		1933	1.24	
1934-35	556.26	}	1934	1.32	}
1935-36	583.18		1935	1.04	
FEDERATED SHAN STATES.					
1920-21	195.30	}			
1921-22	213.08				
1922-23	244.21	} 254.77			
1923-24	303.97				
1924-25	314.93	}			
1925-26	457.27				
1926-27	298.85	} 410.59			
1927-28	387.93				
1928-29	440.45	}			
1929-30	468.45				
1930-31	415.41	}			
1931-32	430.09				
1932-33	532.25	} 449.75			
1933-34	498.82				
1934-35	370.13	}			
1935-36	408.34				

VACCINATION DEPARTMENT.

APPENDIX B.—Statement showing the number of vaccinations performed in Municipal Towns (excluding Cantonments) and Notified Areas (to which the Vaccination Act has been extended) on children under one year of age (Paragraph 59).

Towns.	Number of births during the year 1935-36.	Number of deaths among children under one year during the year.	Number of successful operations on children under one year during the year ending 31st March 1936.	Date of extension of Vaccination Act of 1880.	Date of extension of Vaccination Law Amendment Act of 1909.
(1)	(2)	(3)	(4)	(5)	(6)
Akyab ...	771	148	476	August 1883 ...	29th March 1910.
Minbya ...	88	15	13	4th March 1930...	9th Sept. 1931.
Kyaukpyu ...	185	26	69	April 1894 ...	29th March 1910.
Sadoway ...	119	16	61	September 1890	Do.
Rangoon ...	10,558	2,601	6,220	April 1884 ...	1st May 1909.
Pegu ...	806	206	927	March 1893 ...	29th March 1910.
Nyaunglèbin ...	275	84	382	29th March 1910	Do.
Tharrawaddy ...	212	31	58	October 1897.	23rd July 1929.
Thônzè ...	294	69	194	Do. ...	29th March 1910.
Zigôn ...	163	35	131	11th May 1914 ...	9th Sept. 1915.
Letpadan ...	239	60	178	January 1897. ...	29th March 1910.
Gyobingauk ...	233	103	151	February 1897 ...	Do.
Minhla ...	116	7	97	11th May 1914 ...	9th Sept. 1915.
Nattalin ...	177	30	169	Do. ...	Do.
Syriam ...	500	84	332	29th January 1913	29th January 1913.
Thôngwa ...	289	40	174	3rd March 1914	3rd March 1914.
Insein ...	490	124	729	14th March 1912	14th March 1912.
Thamaing ...	135	32	128	26th May 1926 ...	26th May 1926.
Thingangyun ...	158	34	185	Do. ...	Do.
Kanbe ...	170	42	198	Do. ...	Do.
Kamayut ...	164	74	155	Do. ...	Do.
Prome ...	1,137	370	922	June 1890 ...	29th March 1910.
Shwedaung ...	250	55	211	10th Sept. 1917 ...	23rd July 1929.
Paungdè ...	428	115	435	August 1890 ...	29th March 1910
Bassein ...	1,528	378	1,123	September 1888	Do.
Ngathainggyaung ...	160	41	115	February 1890 ...	Do.
Kyônpyaw ...	177	27	162	26th Dec. 1923 ...	23rd July 1929.
Henzada ...	791	228	712	January 1889 ...	29th March 1910.
Myanaung ...	304	99	224	July 1889 ...	Do.
Kyangin ...	203	61	175	August 1894 ...	Do.
Myaungmya ...	266	72	184	June 1894 ...	Do.
Wakèma ...	318	91	108	27th April 1907 ...	Do.
Moulmeingyun ...	266	86	208	20th July 1925 ...	20th July 1925.
Maubin ...	280	79	340	October 1891 ...	29th March 1910.

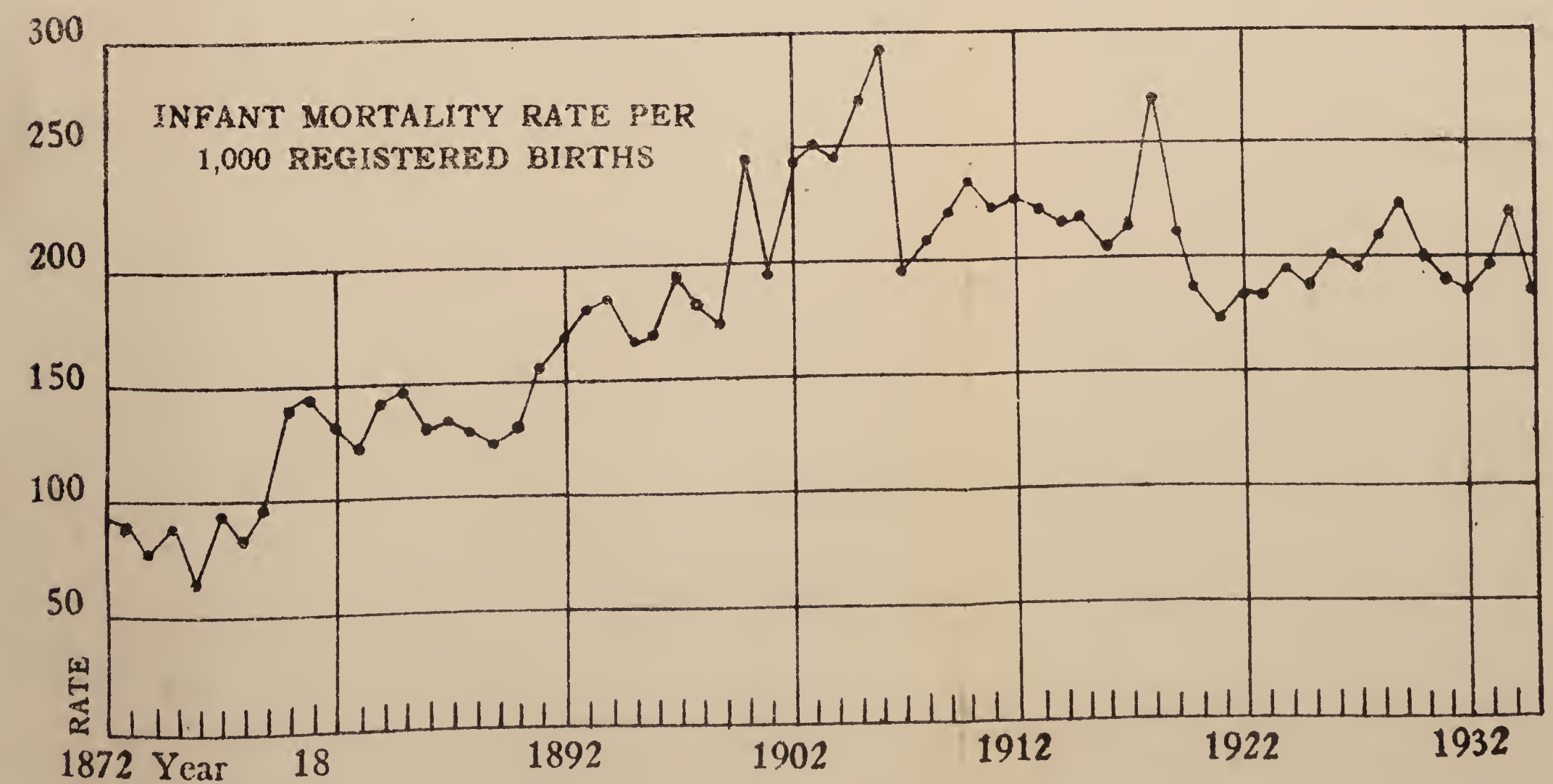
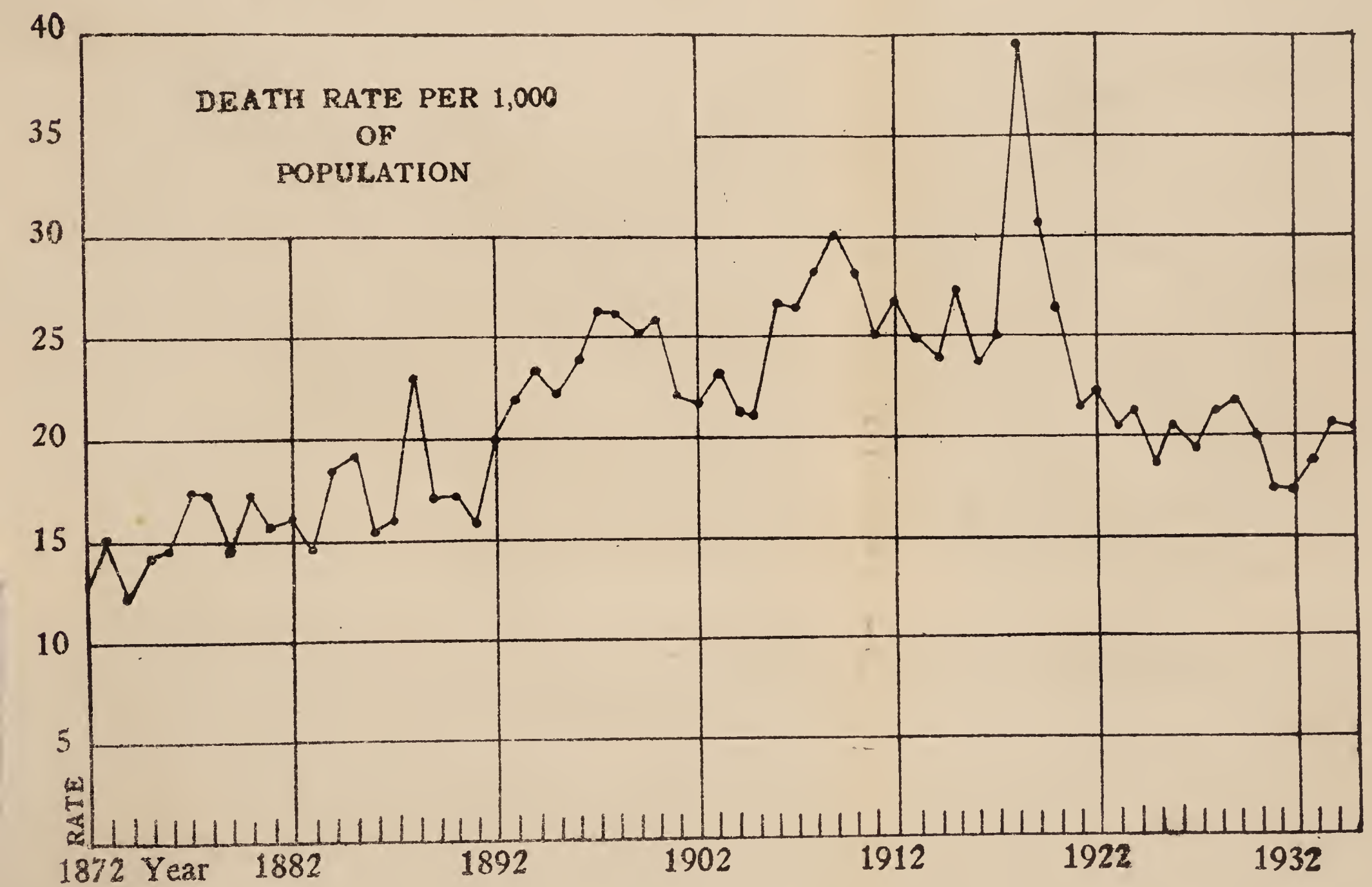
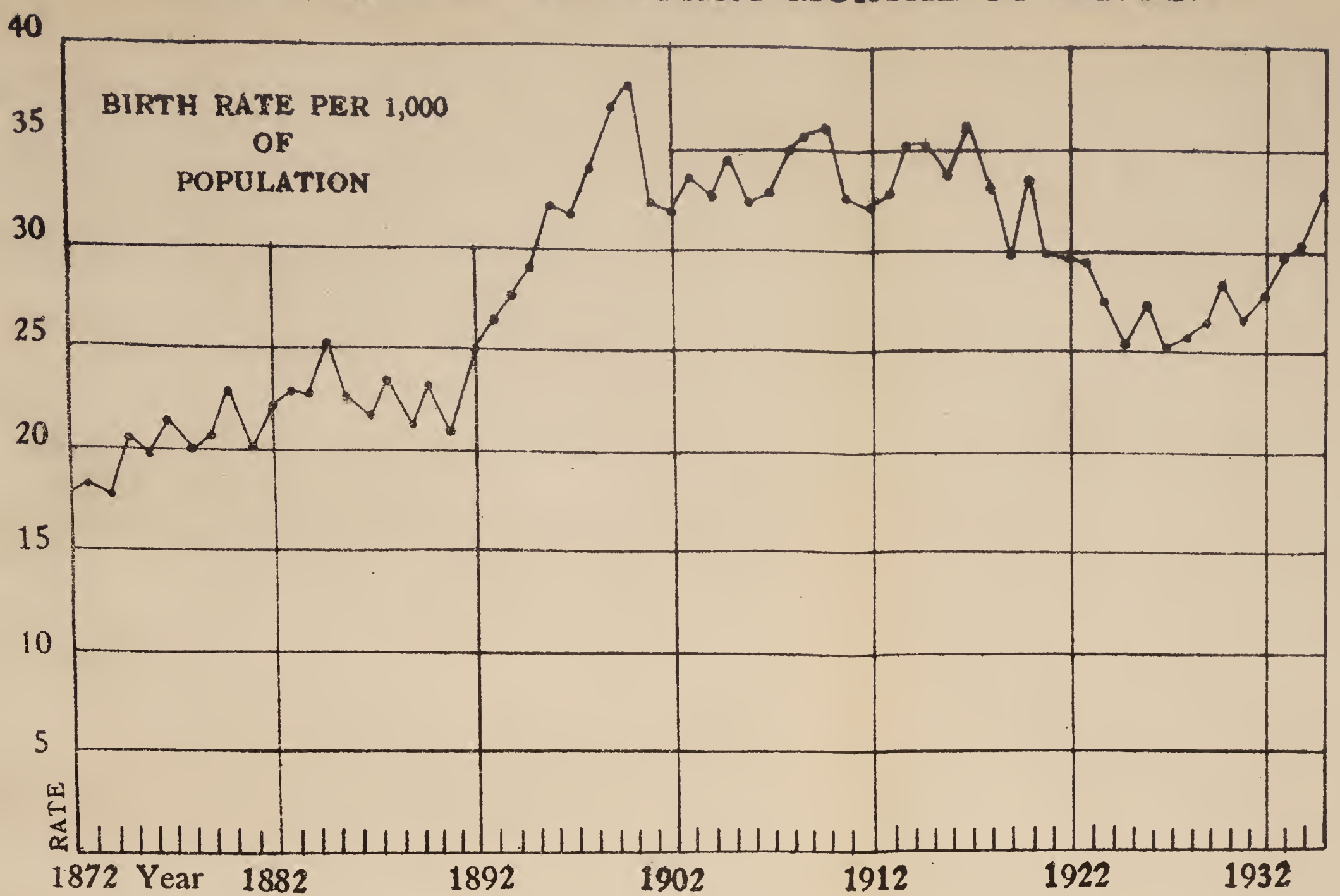
VACCINATION DEPARTMENT.

APPENDIX B.—Statement showing the number of vaccinations performed in Municipal Towns (excluding Cantonments) and Notified Areas (to which the Vaccination Act has been extended) on children under one year of age (Paragraph 59)—concl'd.

Towns.	Number of births during the year 1935-36.	Number of deaths among children under one year during the year.	Number of successful operations on children under one year during the year ending 31st March 1936.	Date of extension of Vaccination Act of 1880.	Date of extension of Vaccination Law Amendment Act of 1909.
(1)	(2)	(3)	(4)	(5)	(6)
Yandoon	239	71	251	January 1892	29th March 1910.
Danubyu	241	61	244	9th July 1909	23rd July 1929.
Pyapôn	296	76	402	November 1904	29th March 1910.
Kyaiklat	402	106	207	15th Dec. 1904	Do.
Thatôn	636	149	408	October 1891	Do.
Kyaikto	193	56	105	March 1897	Do.
Moulmein	1,910	401	1,874	August 1885	Do.
Kawkareik	284	77	140	September 1914	17th Sept. 1914.
Tavoy	989	278	908	December 1889	29th March 1910.
Mergui	700	214	575	October 1891	Do.
Toungoo	684	96	646	May 1889	Do.
Shwegyin	190	45	113	January 1890	Do.
Pyu	283	53	105	January 1920	17th January 1920.
Thayetmyo	378	132	275	May 1889	29th March 1910.
Allanmyo	443	132	298	May 1901	Do.
Minbu	234	30	185	March 1896	Do.
Salin	275	81	140	Do.	Do.
Magwe	318	99	160	10th March 1913	10th March 1913.
Taungdwingyi	469	207	410	February 1893	29th March 1910.
Yenangyaung	495	109	343	10th March 1913	10th March 1913.
Chauk	247	79	210	20th May 1929	23rd July 1929.
Pakôkku	870	344	462	April 1892	29th March 1910.
Mandalay	8,104	1,901	6,448	August 1891	Do.
Maymyo	956	187	527	October 1912	22nd October 1912.
Myitnge	111	39	122	4th June 1930	4th June 1930.
Kyauksè	274	88	279	May 1894	29th March 1910.
Meiktila	315	97	193	June 1906	31st July 1922.
Myingyan	1,120	377	456	September 1891	29th March 1910.
Nyaung-u	233	85	154	30th August 1921	30th August 1921.
Yamèthin	348	95	311	February 1892	29th March 1910.
Pyinmana	792	177	580	November 1891	Do.
Pyawbwè	280	110	132	May 1912	23rd July 1929.
Bhamo	299	72	98	26th October 1894	29th March 1910.
Myitkyina	319	37	107	6th May 1929	23rd July 1929.
Shwebo	512	131	408	June 1894	29th March 1910.
Ye-u	179	40	133	2nd April 1929	23rd July 1929.
Sagaing	582	134	245	April 1894	29th March 1910.
Myinmu	215	79	203	5th October 1926	5th October 1926.
Mawlaik	106	31	71	31st Dec. 1930	31st Dec. 1930.
Mônnya	481	179	324	March 1893	29th March 1910.
Total	48,252	12,318	35,198		
	FEDERATED	SHAN STATES.			
Lashio	191	34	63	25th July 1927	25th July 1927.
Kalaw	114	7	43	Do.	Do.
Taunggyi	376	49	159	Do.	Do.
Total	681	90	265		

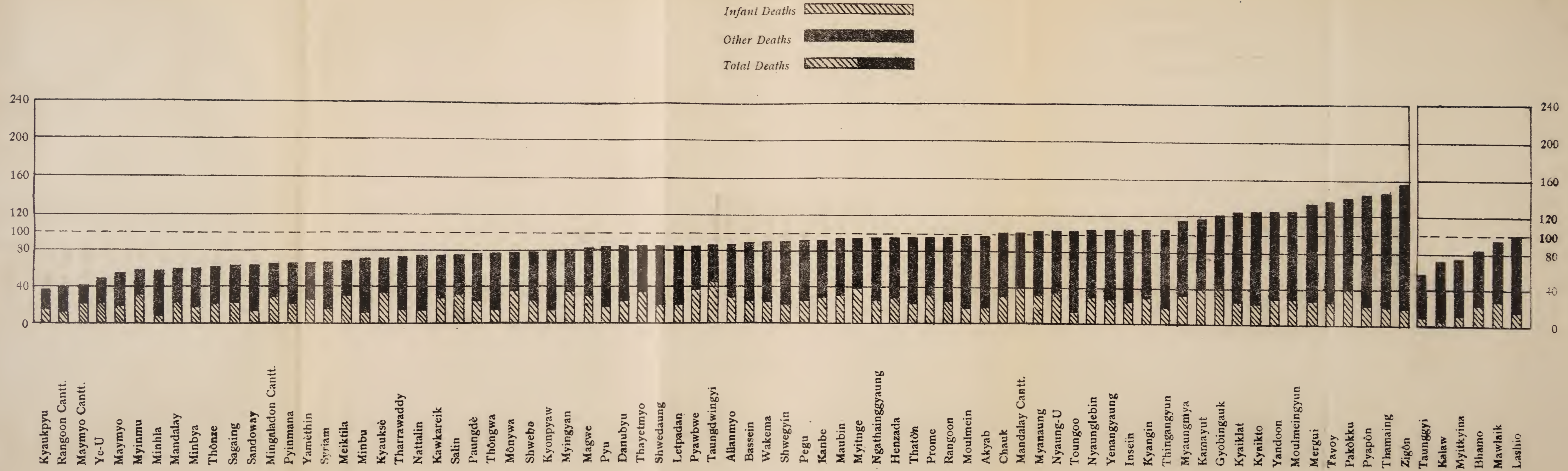
Vital Statistics Chart I.

BIRTH, DEATH AND INFANT MORTALITY RATES.



Vital Statistics Chart II.

NUMBER OF DEATHS PER 100 BIRTHS IN TOWNS IN 1935.

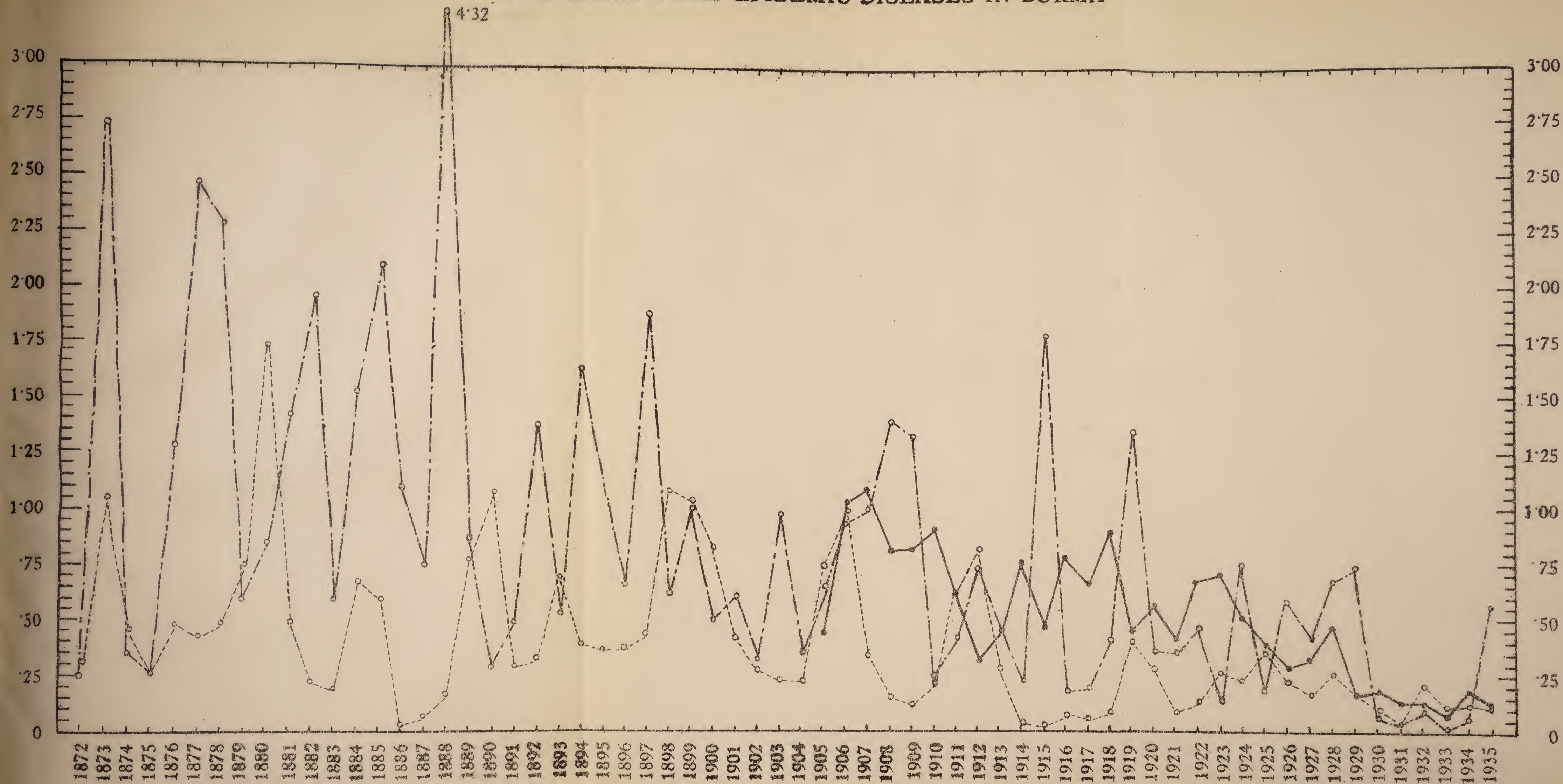




1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

Vital Statistics Chart III.

DEATH RATES FROM EPIDEMIC DISEASES IN BURMA



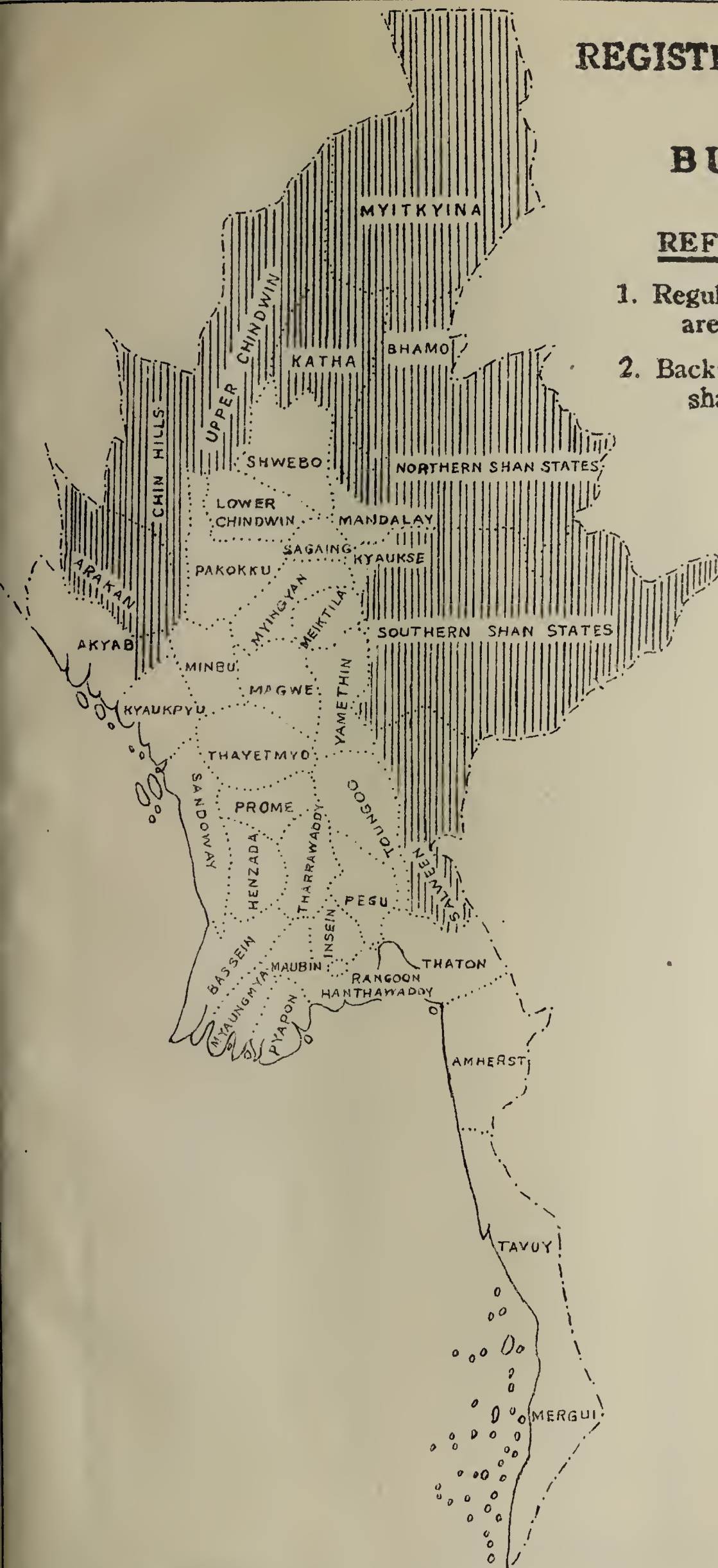
REFERENCES:

- Cholera death rate thus
- Small-pox " " "
- Plague " " "

REGISTRATION MAP OF BURMA.

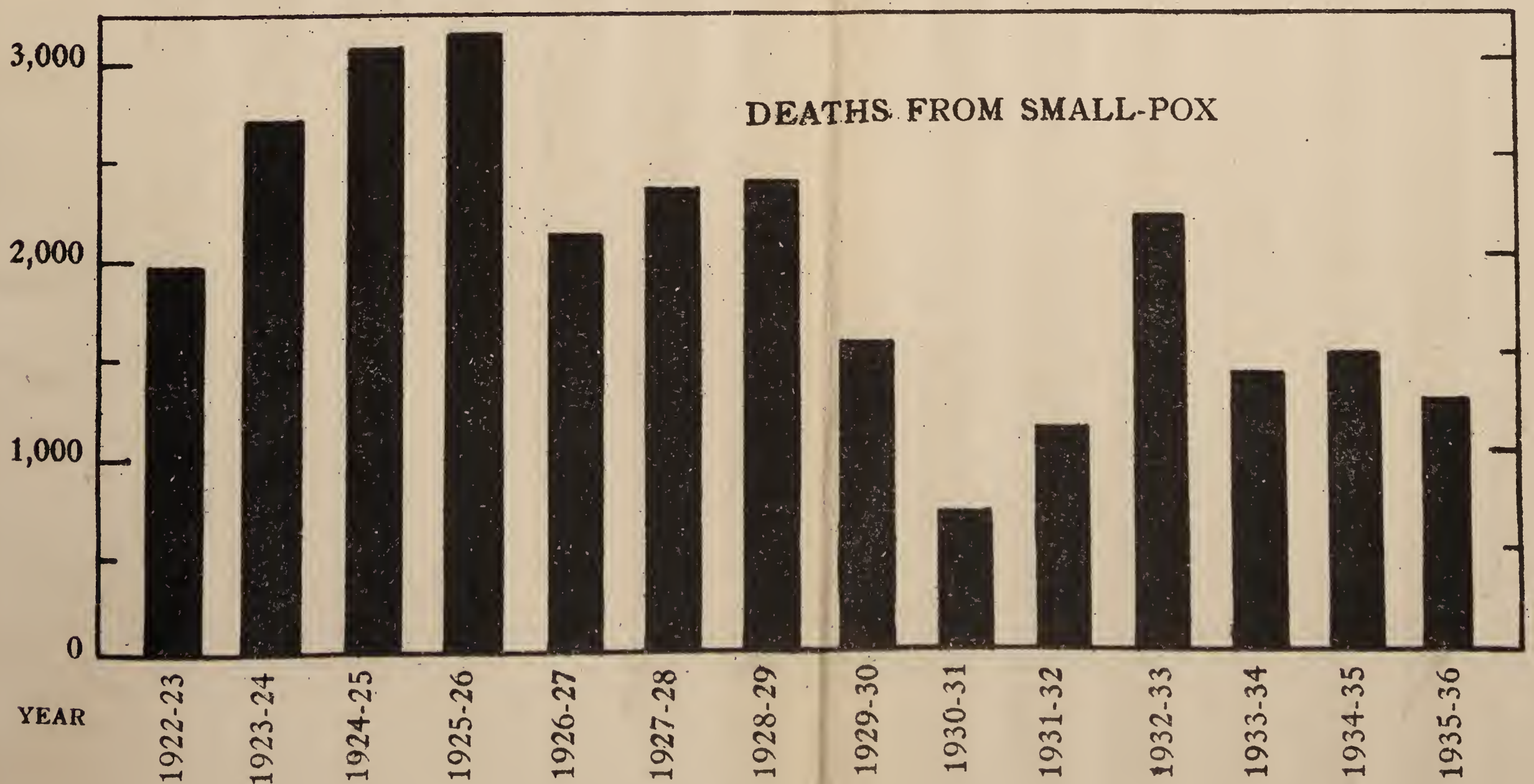
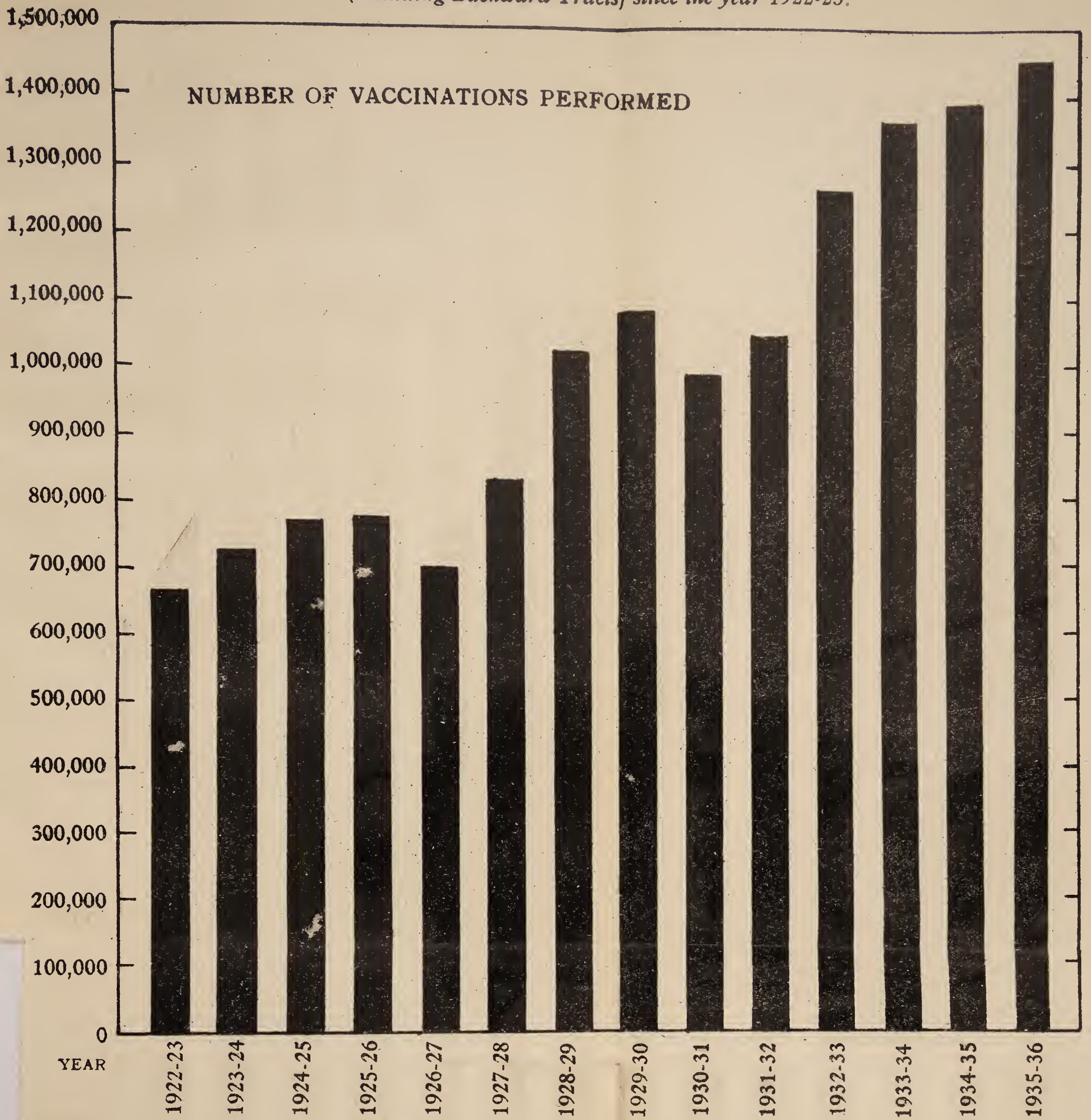
REFERENCES

1. Regular Registration areas in clear.
2. Backward areas shaded.



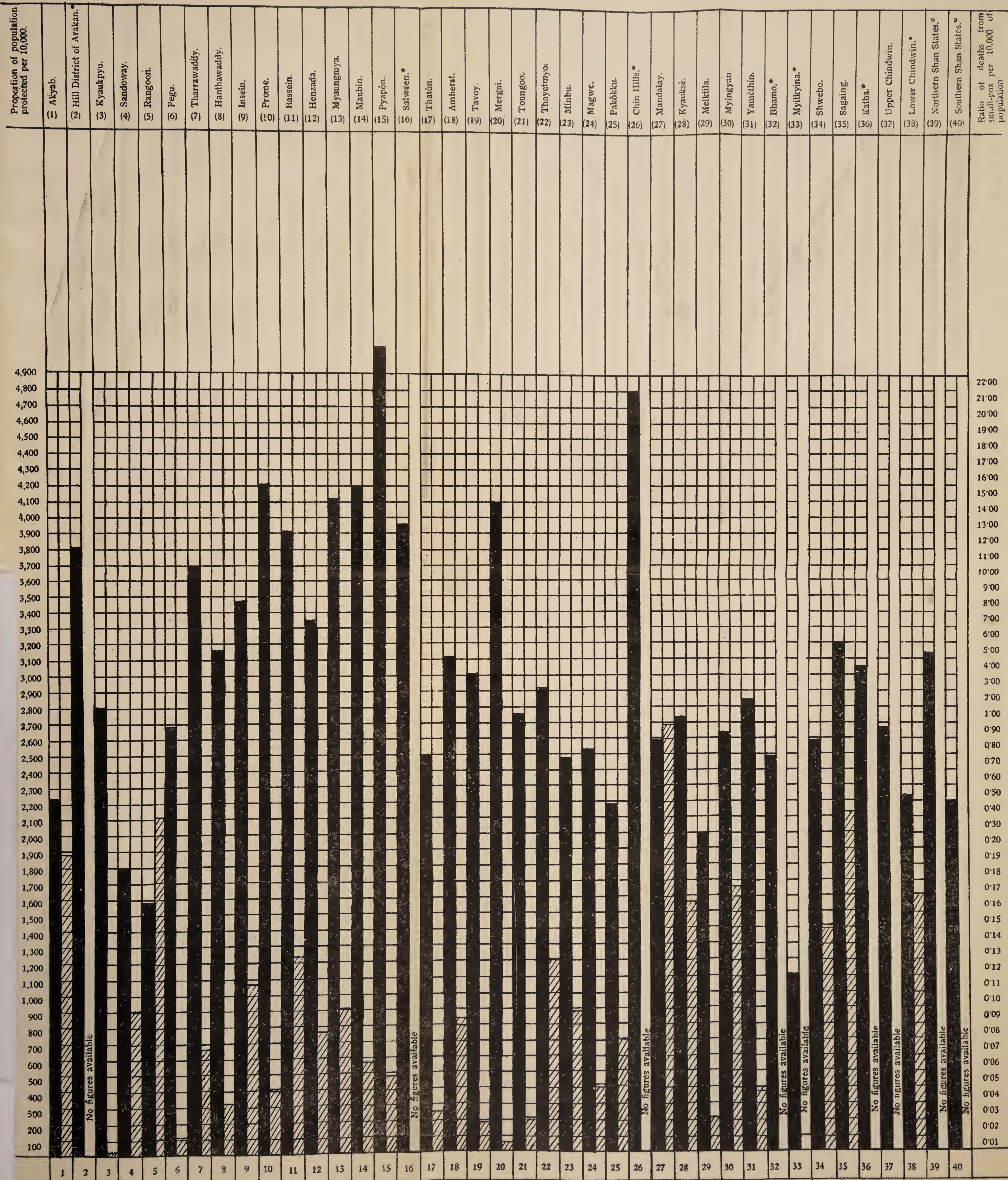
Vaccination Chart I.

Diagrams showing the Vaccinations performed and the Deaths from Small-pox in Burma (excluding Backward Tracts) since the year 1922-23.



Vaccination Chart II.

Diagram showing the Proportion of Population protected during the seven official years from 1929-30 to 1935-36 and the Death-rate from Small-pox during the year 1935 in districts where full registration is in force.



Indicates proportion of population protected per 10,000.
 Indicates ratio of deaths from small-pox per 10,000 of population.
 * Full registration of vital statistics is not carried out in these districts.

